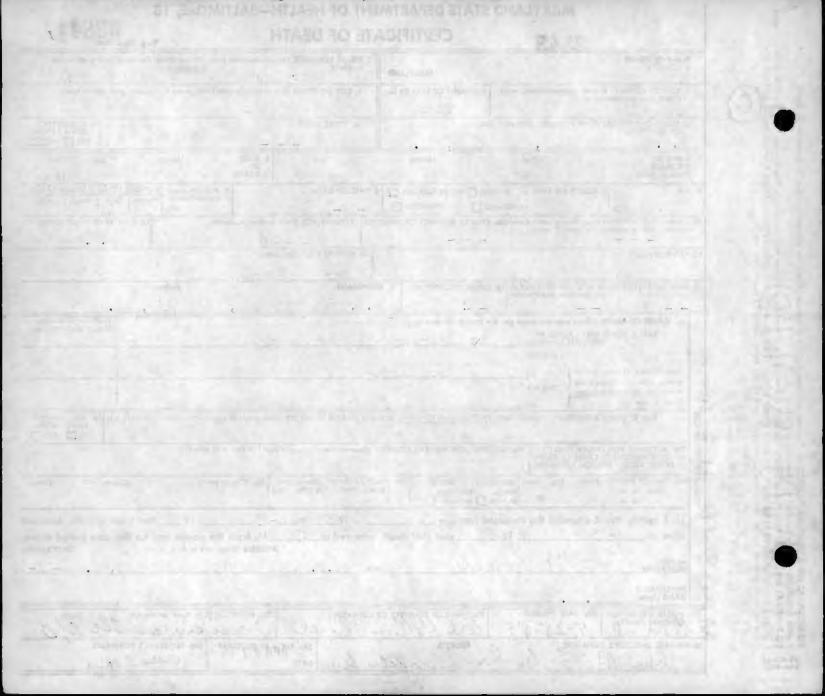
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 841 CERTIFICATE OF DEATH with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY h COUNTY filed MARYLAND Marvland Anne Arundel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Davs Annapolis d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Ċ, YES NOT U.S.Naval Hos pital Annapolis. pup NAME OF First Middle 4. DATE Lost Month Year Day DECEASED (Type or print) DEATH ALLEN Angela Leigh APRIT 19 50 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Hours DIVORCED | Female Cau WIDOWED | yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (state or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sidney Ethan ALLEN Marilyn Joanna FLOYD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address U.S. Naval Hospital, Annapolis, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: Intracranial Hemorrhage IMMEDIATE CAUSE (a) DUE TO Prematurity Conditions, if ony, which permit gave rise to immediate DUE TO cosse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES X NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy. 20e. PLACE OF INJURY (Home, form, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) Hour factory, street, office bldg., etc.) o. m. Not while of work of work p. m. 21. I certify that I attended the deceased from 4-23 pached buriol and that death occurred at 5:30 P.M., from the causes and an the date stated above. ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE pe prior Hospital DIR should PHYSICIAN'S NAME (Type) registror FUNERAL 5 22a. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d-4OCATION (City, town, or county) eSod MOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 1SM 9/55



#### FOR STATE HEALTH, DEPT.

M

I

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is negarinary, please execute the certific withing the word "pending" in pencil is frem, 18. Give Pages 1, 2, and 3 to the funeral for. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, me its designated agent, prior to burial, crematian, or removal, and in any event within 22 hours after death.

VS. ALSME SM 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3874MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()3842 Dist. No.

PLACE OF DEATH								
A,A.			MARYLAND	2. USUAL RESIDENCE 0. STATE	(Where deceased li	b. COUNTY	on: Residence	before admission)
b. CITY OR TOWN	If outside corporate limits, v	write AURAL	c. LENGTH OF STAY IN 16	Je. CITY OR TOWN	(If autside carporat		URAL and give	e negrest tawn)
Dorsey	we)		6weeks	Same				
d. NAME OF HOSP	Forest Ave		spital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM YES NO
NAME OF		First	Middle	Lost	4. DATE	Month	D	
(Type or print)	Sharron H			CUST	OF DEATH	April 2	3	19 50
. SEX	6. COLOR OR RAC	E 7. MARRI	IED NEVER MARRIED ( 8	DATE OF BIRTH		GE (In years		AR IF UNDER 24 H
F	W	WIDOWE	D DIVORCED	2/10/59		st birthday) yrs.	Months Day:	Hours Min.
a. USUAL OCCUPAT	ION (Give kind of wor	k dane 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	te or foreign count	ry)	12. CITIZEN	OF WHAT COUNT
None None	ing life, even if retired	ŋ		Clevelan	d Obio			USA
3. FATHER'S NAME				14. MOTHER'S MAIDEN	_			OSM
_	22 lon 22							
Roger Ba		08000	rocks reclinive up Tra		Diane Edw		100000000000000000000000000000000000000	
Yes, no, or unknown)	VER IN U. S. ARMED I			IFORMANT		Address		
	No		None M	r. and Mrs.	Roger Ba	rker (P	arents	).
18. CAUSE OF DE	ATH [Enter only one o	touse per line					T III	HERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY		Suffocat	ion			v	Sudden
0211		101						- CAUGE
7 ml h.l. l	DUET	^						
9240		0						
Candilians, if	ony, which)	(b)						
Candilians, If gave rise to imm (a), stating the	ony, which)	(b)						
Candilians, if gave rise to imm (a), stating the couse last.	ony, which ediote course underlying DUE 1	(b) O (c)						
Canditians, if gave rise to imm (a), staling the couse last.	ony, which ediote course underlying DUE 1	(b) O (c)	Ontributing to death but n	IOT RELATED TO THE TER	MINALDISEASE CO	INDITION GIVE	N IN PART 1(0	19, WAS AUTOPSY
Candilians, if gave rise to imm (a), stating the couse last.	ony, which edicte couse underlying DUE T	(b) O (c) ONDITIONS C						PERFORMED?
Candilians, if gave rise to imm (a), stating the couse last.	ony, which edicte couse underlying DUE T	(b) O (c) ONDITIONS C						PERFORMED?
Candilians, if gave rise to imm (a), stating the couse last.	ony, which edicate cause underlying DUE T	(b) O (c) ONDITIONS C	BE HOW INJURY OCCURRED. (E	nter nature of injury in P	art I ov Part II of it	T pillo	W.	YES NO
Candilians, If gave rise to imm (a), staling the couse lost.  PART II. O  200. EXTERNAL C. PRIMARY & or CC	ony, which edicte couse underlying DUE T	(b) O (c) ONDITIONS C	TE HOW INJURY OCCURRED. (E	nler nature of injury in P ad in her co	art low Part II of its (a. sof	T pillo	W.	YES NO
Candilians, If gave rise to imm (a), stating the couse lost.  PART II, O  200. EXTERNAL C. PRIMARY DO TO CAUSE OF DEATH  200. TIME OF INJ Hour o, m	ony, which ediote couse underlying DUE T	(b) (c) NDITIONS C  20b DESCRIB	HE HOW INJURY OCCURRED. (E	of the nature of injury in P ad 1n her c TOF INJURY (Home, fo ary, street, office bldg., e	art low Part II of its (a. sof	T pillo	W.	PERFORMED?
Candilians, If gave rise to imm (a), stating the couse lost.  PART II. O  20a. EXTERNAL C. PRIMARY B. or CC CAUSE OF DEATH HOUR OF INJ HOUR O. m 6 A M-m	ony, which ediote couse underlying DUE T  THER SIGNIFICANT CO  AUSE WAS DITRIBUTING D  JRY Month, Doy, 1	(b) 0 0 (c). NDITIONS C 20b. DESCRIB Pabyy 4eor 20d. While at w	Ne HOW INJURY OCCURRED. (E	nter nature of injury in P ad 1n her c Et OF INJURY (Home, fo iry, street, office bldg., e	rib with tm, 20f. (City or to.)	t pillo her hea	W. d-buri	PERFORMED? YES NO (Slafe)
Candilians, If gave rise to imm (a), stoling the couse lost.  PART II. O  200. EXTERNAL C. PRIMARY Mor C. CAUSE OF DEATH 20c. TIME OF INJ Hour a. m 6 A M-m	ony, which ediote couse underlying DUE T  THER SIGNIFICANT CO  AUSE WAS DITRIBUTING D  JRY Month, Doy, 1	(b) 0 0 (c). NDITIONS C 20b. DESCRIB Pabyy 4eor 20d. While at w	HE HOW INJURY OCCURRED. (E	nter nature of injury in P ad 1n her c Et OF INJURY (Home, fo iry, street, office bldg., e	rib with tm, 20f. (City or to.)	T pillo	W.	PERFORMED? YES NO (Slate)
Candilians, If gove rise to imm (a), stating the couse lost.  PART II. O  200. EXTERNAL C. PRIMARY TO or CC CAUSE OF DEATH  20c. TIME OF INJ Hour a. m  6 A M m  21. I certify	ony, which edicte couse underlying DUE TO THER SIGNIFICANT COUSE WAS DISTRIBUTING DURY Month, Day, 14/23/59 1	(b) (c) DNDITIONS C  20b. DESCRIB  Paloy (a) (a) (b) (c) Whill (d)	Ne HOW INJURY OCCURRED. (E	ad 1n her c: EE OF INJURY (Home, for ary, street, office bldg., e	rib with tm, 20f. (City or to.)	prillo her head	d buri (County)	PERFORMED? YES NO (Slate)  Ad in a (Slate)
Candilians, If gove rise to imm (a), stating the couse lost.  PART II. O  200. EXTERNAL C. PRIMARY IN or CC CAUSE OF DEATH  201. TIME OF INJ Hour o. m  6 A M m  21. I certify	Only, which ediote course underlying DUE TO COMMENT OF THE STORY IN TH	(b) 0 (c). NDITIONS C. 20b. DESCRIB Babyy (eor 20d. While at w ge of the Natural	Nor white of wark of w	ad 1n her c: EE OF INJURY (Home, for ary, street, office bldg., e	rib with rm, 20f. (City or to.) Dor	prillo her head	d buri (County)	PERFORMED? YES NO (Slate)  Ad in a (Slate)
Candilians, If gave rise to imm (a), stating the couse lost.  PART II. O  200. EXTERNAL C. PRIMARY Lor C. CAUSE OF DEATH 20c. TIME OF INJ Hour o. m 21. I certify opinion deatl	Only, which ediote course underlying DUE TO COMMENT OF THE STORY IN TH	(b) 0 (c). NDITIONS C. 20b. DESCRIB Babyy (eor 20d. While at w ge of the Natural	Not white ork of work described abo	ad 1n her come to injury in Part of injury in Part of injury (Home, for any, street, office bldg., eve, held an Autor A., Suicide [],	rib with  tm, 120f. (City or 1 fc.)  Dor  Dsy, Inspec	prillo her head	d buri (County)	PERFORMED? YES NO (Slate)  Ad in m
Candilians, If gove rise to imm (a), stating the couse lost.  PART II, O  200. EXTERNAL C. PRIMARY Bor CC CAUSE OF DEATH  20c. TIME OF INJ Hour o. m  21. I certify opinion deatl	Only, which ediote course underlying DUE TO COMMENT OF THE STORY IN TH	(b) 0 (c). NDITIONS C. 20b. DESCRIB Babyy (eor 20d. While at w ge of the Natural	Nor white of wark of w	ad 1n her come to be an injury in Part of the come of	rib with rim, 20f. (City or to) Dor Osy , Inspe	her head	d buri (County)	PERFORMED? YES NO (State)  Ad in a (State)  Ad and in m ner
Candilians, If gave rise to imm (a), stating the couse lost.  PART II, O  200. EXTERNAL C PRIMARY DO OF CAUSE OF DEATH  200. TIME OF INJ Hour a.m  21. I certify opinion death  ACTUAL SIGNATURE  EXAMINER'S	Ony, which ediote couse underlying DUE TO THER SIGNIFICANT CONTRIBUTING DIET MONTH M	(b) (c) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	IE HOW INJURY OCCURRED. (E	ad in her come to the state of	rib with rim, 20f. (City or 1 c.) Por Sy , Inspe Homicide  EXAMINER	pillo her head	d buri (County) Inquiry prined man	PERFORMED? YES NO (State
Candilians, If gove rise to imm (a), staling the couse lost.  PART II, O  200. EXTERNAL C. PRIMARY LOOT CCAUSE OF DEATH  20c. TIME OF INJ  Hour o. m  21. I certify opinion deatl  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	Only, which ediote course underlying DUE To THER SIGNIFICANT CO.  AUSE WAS DATRIBUTING D.  JRY Month, Day, 1  14/23/59  That I took charge resulted from:  Custave  Gustave	(b) (c) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Not white orward described aborcauses . Accident	ad 1n her comment of injury in Part of injury in Part of injury (Home, for any, street, office bldg., expected on Autopart of the injury in Part of injury injury injury in Part of injury in	rib with rib, 20% (City or 1) cc)   Dor cc)   Dor cc)   Control   cc)   cc)   Control   cc)   Control   cc)   cc)   Control   cc)   cc)   Control   cc)   cc)   Control   cc)   cc	t pillo her head	d buri (County)	PERFORMED? YES NO (Slate)  Ad in a (Slate)  Ad and in m ner DATE SIGNED
Candilians, If gave rise to imm (a), stating the couse lost.  PART II, O  200. EXTERNAL C PRIMARY DO OF CAUSE OF DEATH  20c. TIME OF INJ Hour a. m  21. I certify opinion deatl  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	ON, Which ediote couse underlying DUE TO THER SIGNIFICANT COUNTRIBUTING DURY Month, Day, 1/23/59 Ithough I took chord resulted from:  Custave  ON, 22b. Date ther	(b) (c) (c) (c) (d) (d) (d) (d) (d) (e) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	IE HOW INJURY OCCURRED. (E	ad 1n her comment of injury in Part of injury in Part of injury (Home, for any, street, office bldg., expected on Autopart of the injury in Part of injury injury injury in Part of injury in	rib with rim, 20%, (City or to the city)  EXAMINER  ICAL EXAMINER  IL EXAMINER   22d, LOCATION	t pillo her head own)  sey ection K,  Undeterm  4/23/	d buri (County)  A A Inquiry Denined man	PERFORMED? YES NO (State)  Ad in m ner
Candilians, If gave rise to imm (a), stating the couse lost.  PART (I), O  200. EXTERNAL C. PRIMARY IS OF CC CAUSE OF DEATH  200. TIME OF INJ Hour a. m 21. I certify opinion deatl  ACTUAL SIONATURE  EXAMINER'S	ony, which ediote course underlying DUE To THER SIGNIFICANT CO.  AUSE WAS DATE THER SIGNIFICANT CO.	(b) (c) (c) (c) (d) (d) (d) (d) (d) (e) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	IE HOW INJURY OCCURRED. (E    Swas found de     Not white   Foce     Not white   Home     remains described about     Causes   Accident     Wath   Accident     Causes   Acciden	ad 1n her c:  CE OF INJURY (Home, for any, street, office bidg., e  ve, held an Autor  A. Suicide ,  M.D. CHIEF MEDICAL  ASSISTANT MEDICAL  DEPUTY MEDICAL  CREMATORY	Clevel	t pillo her head awn)  sey ection K.,  Undeterm  4/23/  (City, town, or and, Ohi	d buri (County)  A A I Inquiry E mined man	PERFORMED? YES NO (Slate)  Ad in a (Slate)  Ad in m  DATE SIGNED
Candilians, If gave rise to imm (a), stating the couse lost.  PART II. O  200. EXTERNAL C. PRIMARY DO TO COUSE OF DEATH  200. TIME OF INJ Hour o. m A M. m  21. I certify opinion deatl  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  20. BURIAL CREMAT REMOVAL (Specify ROMOVAL (Specify	ony, which ediote course underlying DUE To THER SIGNIFICANT CO.  AUSE WAS DATE THER SIGNIFICANT CO.	(b) (c) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Not white or causes Accident  Abort, M.D.  22c. NAME OF CEMETERY OR  ADDRESS	ad 1n her c:  CE OF INJURY (Home, for any, street, office bidg., e  ve, held an Autor  A. Suicide ,  M.D. CHIEF MEDICAL  ASSISTANT MEDICAL  DEPUTY MEDICAL  CREMATORY	rib with rim, 20%, (City or to the city)  EXAMINER  ICAL EXAMINER  IL EXAMINER   22d, LOCATION	to pillo her head own)  sey ection K,  Undeterm  4/23/ (City. town, or and, Ohi  246. REGISTI	d buri (County)  A A Inquiry Denined man	PERFORMED? YES NO (State)  PERFORMED? YES NO (State)

HYARO HIT STACKED STORM MADE AND DAMAS TO 100 75 12 N 15 15 555 THE RESERVE OF THE PERSON NAMED IN . Flymeledal. THE NAME OF STREET LOSSINGUES AND THE RESERVE OF THE PARTY OF T Declar I. Jacks J. mantal CALLED THE STREET AND ADDRESS OF THE STREET

VS A15 (4) 15M 10/57

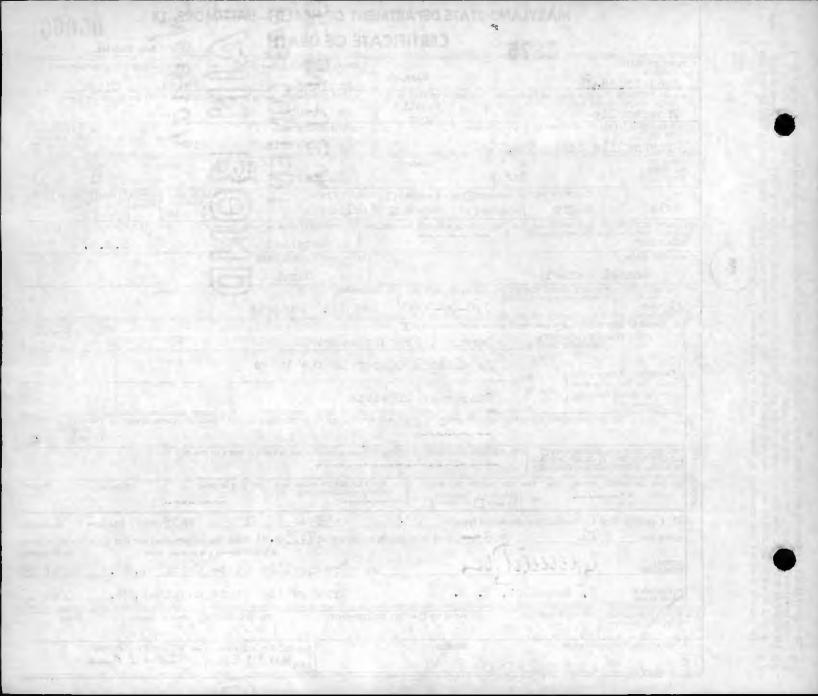
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

05066

	387	5					leg. Dist.	No.	
1. PLACE OF DEATH 6. COUNTY Anne Arus			MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland		If institution: COUNTY Baltim			ssion)
Crownsvi	lle	1	or stay in 15 1 months 7 days	Baltimore	outside corporate lin	3V0	AL ond give	nedies low	·n) /
OR INSTITUTION	ITAL (If not in hospital, given the State Ho			d. STREET ADDRESS 611 Cumber:	land Stree			ON.	SIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print)	First H.	arry	Middle	Barnett	4. DATE OF DEATH	Month 4		Doy 21	Yeor 19 59
5. SEX Male	Negro	WIDOWED 🔲	DIVORCED T	6/21/84	74	birthdoy) A	UNDER 1 YE		-
Unknown	ION (Give kind of work do rking life, even if retired)	one 10b. KIND O	BUSINESS OR INDI	USTRY 11 BIRTHPLACE (Stole Marylar				OF WHA	T COUNTRY
13. FATHER'S NAME Samue	el Barnett			14. MOTHER'S MAIDEN					
IS. WAS DECEASEDED IN ITEM OF UNKNOWN	ER IN U. S. ARMED FORC	rice)	SECURITY NO. 17.	INFORMANT Hospital Meco	rds	Address	,		
Conditions, if gove rise to couse (o), stoting lying couse lost	the under-	Canc	er of Pros	cer in the lutate		DITION GIVEN	IN PART I (o	ollie WAS	AUTOPSY
20g. ACCIDENT W				ED. (Enter nature of injury in				PERFC	DRMED?
20c. TIME OF INJU Hour e. m., p. m.	10	While _ No		LACE OF INJURY (Home, fornoctory, street, office bldg., etc	n, 20f. (City or tow	n)	(Coun	ity)	(Slate)
21. I certify to alive an ACTUAL SIGNATURE	hat I attended the a			n accurred at 7:354	ADDRESS (Street, ci	causes and ly or lown, sto	an the (	date stat	decease ed abave ATE SIGNE
PHYSICIAN'S NAME (Type)	L. Benedi	ct, M. D	•		le State			4,	/21/5
220. BURIAL, CREMATION REMOVAL (Specify	77416	9 4	AME OF CEMETERY O	in Com.	22d. LOCATION R	17	LX	(Sto	te)
3. PUNJEKAL DIKECTO	1)	AD	DRESS 120 Z	24g. REC	D BY REGISTRAR	246. REGISTR	ar's signa		



MARYLAND STATE DEPARTMENT CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. COUNTY ANNE ARUNDEL filed o. STATE b. COUNTY MARYLAND 1111186 c. CITY OR TOWN (If autside carporate limits, write RURAL and give neares) lawn b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) ROWNSVILLE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ROWNSV YES NO DATE OF DEATH NAME OF Middle Year 195 (Type or print) 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED MINEVER MARRIED B. DATE OF BIRTH Months Doys Hours Min WIDOWED T DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11), BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) ASTV 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME -1455C IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ERMINAL **DUE TO** MALIGNANCY OF CESOPHAGUS Conditions, if any, which (b) gove rise to immediate DUE TO per couse (a), stating the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (State) (County) factory, street, office bldg., etc.) 0. /1. While Not while ot work 🗌 at work 14-19-19 that I last saw the deceased 21. I certify that Lattended the deceased from at 1-23 A.M. from the causes and on the date stated above. alive on 15 and that death occurred ADDRESS (Street, city or town, state) ACTUAL should CROWNSVILLE, Leonardo Garcia M. D. PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) (Stote) page REMOVAL (Specify) Alburn solta. Surid 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE APR 1 6 '59 15M 9/55

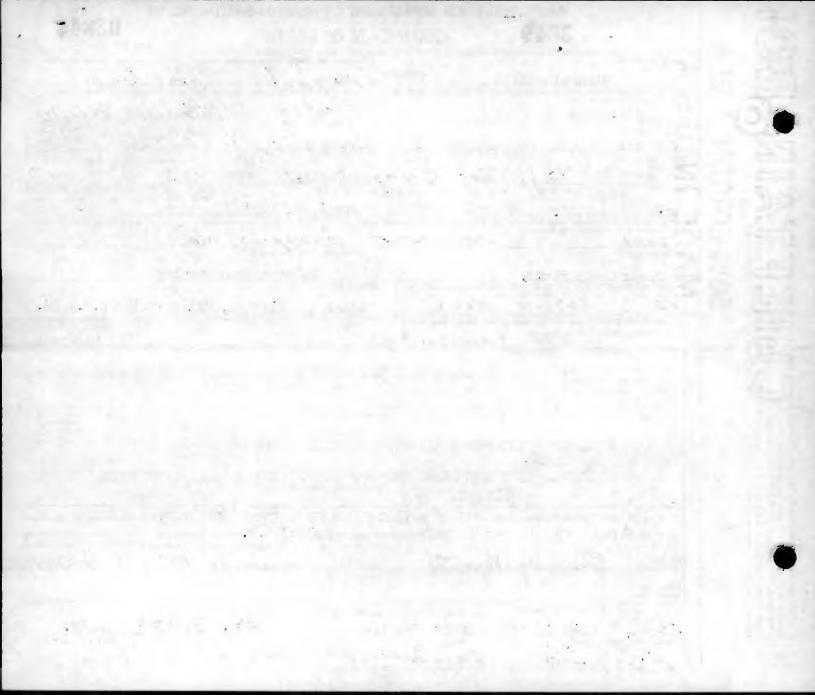
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A	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
3849	CERTIFICATE	OF DEATH	R

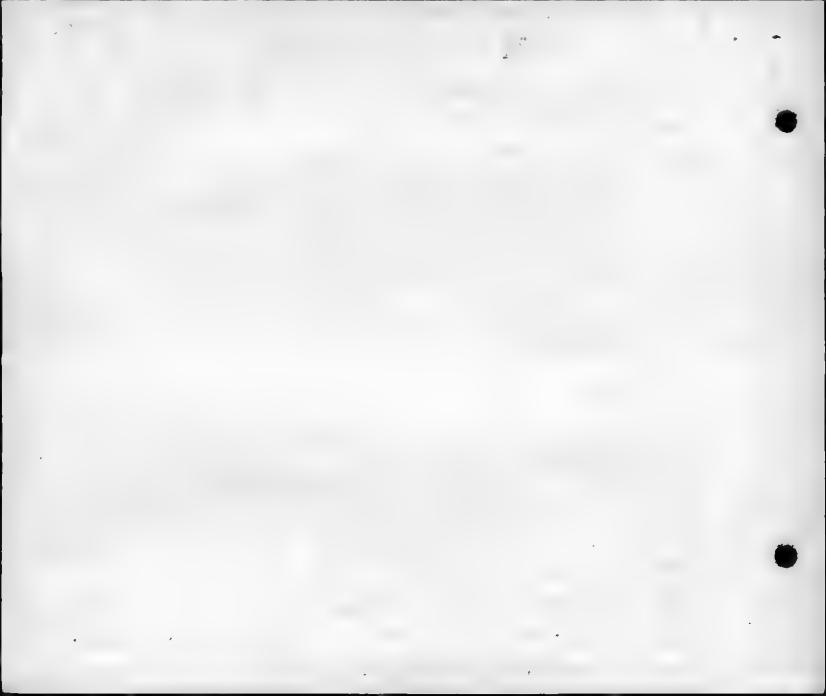
### CERTIFICATE OF DEATH

03844

			CERTIFIC	AIL OI D				Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY	Anne Arunde	el	MARYLAND	2. USUAL RESID	ENCE (Where de		If institution.	Aresidence	before admi	ssion)
6. CITY OR TOWN   RURAL and give n	(If outside corporate limi		GTH OF STAY IN 16	c. CITY OR T	OWN (If outside	corporate lin	nits, write RL	JRAL and gi	ve nearest tov	vn)
Anna	polis			XLIVAT	on	(14)	Hersy	ille.	Refor	00)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	give street oddress)		d. STREET A	DDRESS		0		e. IS RE	A FARM?
The Anne	Arundel Ger	neral Hos	pital	Devery	2/5d.	14-1-	BOX 2	466	YES [	] NO [
3. NAME OF DECEASED (Type or print)	Bab	y" Boy	Bea H	Beat	) 0	DATE OF DEATH	Mont pril	28	Day 3	Yeor 19 59
S. SEX	6. COLOR OR RACE	7. MARRIED 1	NEVER MARRIED	B. DATE OF BIRTH	(	9. AG	E (In years birthdoy)		YEAR IF UND	
Male	White	WIDOWED	DIVORCED 🗌	April	28, 1959		yrs.	WOULD?	Pays Hours	145n.
during most of wor	ON (Give kind of work rking life, even if retired	done 10b. KIND OF	F BUSINESS OR INDU	JSTRY 11. BIRTHPU	nafeli	eign country)	11.	12. CITIZI	EN OF WHAT	COUNTRY?
13. FATHER'S NAME		-		14. MOTHER'S	MAIDEN NAME					
.Tames T	Dewey Beatt	v		D	olores a	Joan Bu	ckley			
	ER IN U. S. ARMED FOR	CES? 16. SOCIAL	SECURITY NO.	INFORMANT			Addr			
100	mm	Non	78	Mother	Elvai	ton. Mi	illers	ville	P.O.	Md.
	ATH (Enter only one co	Duse per line for (0)	), (b), and (c).]						INTERVAL B	D DEATH
Anna v	IMMEDIATE CAUSE (o		40-170				-		10 Ho	445
776 X	DUE TO	)								
Conditions, if gove rise to couse (o), stoting lying couse lost.	immediate DUE TO									
	HER SIGNIFICANT CON		UTING TO DEATH BU	T NOT RELATED TO	THETERMINAL	DISEASE CON	DITION GIV	EN IN PART	PERF	AUTOPSY ORMED?
20g. ACCIDENT W	AS UNDERLYING () G () CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCURR	ED. (Enter noture of	injury in Port I	or Port II of i	tem 18.)		100	3
ZOC. TIME OF INJUI	RY Month, Day, Ye		t while	LACE OF INJURY (Foctory, streat, office	lome, farm, 201 bldg., etc.)	f. (City or tow	rn)	(Co	ounty)	(Stote)
21. I certify t	hat Lattended the	deceased from	n April 2	8 19.59	to An	1/28	1959	that I last	t saw the	deceased
alive an A	28	, 19.59	, and that deat		11:30/M,N	nom the c	auses an	d an the	date state	
ACTUAL SIGNATURE	Lehrand	7 Men	JH	M.D	Comb	-11/15	My		4-2	9-59
PHYSICIAN'S NAME (Type)	/								man year over all the light all the same this little is	
220. BURIAL, CREMATIC REMOVAL (Specify	May 1) 1	959 G1	AME OF CEMETERY	OR CREMATORY	22d.	LOCATION (	BUMP?	or county)	140	pte)
23. FUNERAL DIRECTO	S SIGNATURE	AD	DRESS 2	: "11	24o. REC'D BY			TRAR'S SIGN		
MA	relation	6/8	n lourn	19/703	DATE MAY 4	159	On	Thun S. 9	traus	
204328	5 X VO							7-1		

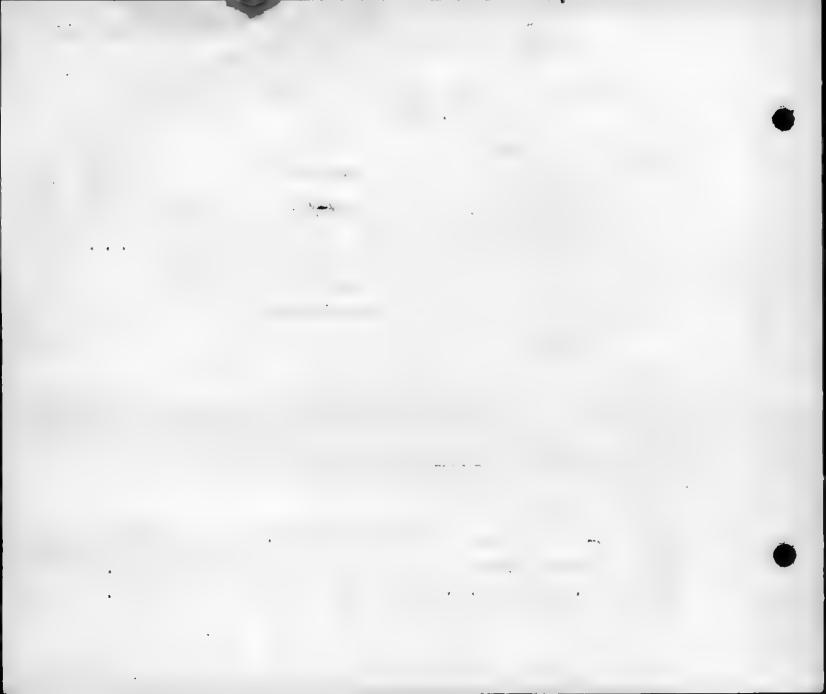


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Film G241 CERTIFICATE OF DEATH Reg. Dist. No. director . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY filed a. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give feares) fown) RURAL and give pearest town) d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 24 YES NO pup . 5 3. NAME OF First Middle Last 4. DATE Month Year filled DECEASED ISE (Type or print) DEATH 9 5. SEX 6 COLOR OR RACE AGE (In years ě 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HR completely lost highday) Months Doys Haurs Min. WIDOWED [ DIVORCED [7] popers YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF QUSINESS OR INDUSTRY BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) where may come but 13. FATHER'S NAME J4 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO. INFORMANT Address Iff yes, give wor or dales of service deoth 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO by permit. any Conditions, if any, which gned gave rise la immediate **DUE TO** couse (a), stating the underlying couse tast. **buriol-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 removal, WAS AUTOPSY PERFORMED? YES T NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY fHome, farm, 20f. (City or lawn) Day, Year 20d INJURY OCCURRED (County) (Stole) factory, street, affice bldg., etc.) Hour Q. m. While Not while at work at work p. m 21. I certify that I attended the deceased from... .....that I last saw the deceased och alive on and that death occurred at 1 A. M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL**SIGNATURE FUNERAL DIRE å prior PHYSICIAN'S the registror NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county) abod (Stale) REMOVAL (Specify) Apr. 8 Baltimore Lorraine 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A1S (4) Kirkley, Glen Burnie arthur & trave ISM 10/57 159



HOSPITAL

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1 .	11		MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE	
-da	ク		3880 CERTIFIC	CATE OF DEATH	()3849 Reg. Dist. No.
ector.	g) mp	<b> </b>	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If ins	
S S S	1	L	Anne Arundel MARYLANG	Maryland 6. cou	nne Arundel
to a so			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Brooklyn Park  7 yrs.	c. CITY OR TOWN (If outside corporate limits, we Brooklyn Park	ile RURAL and give nearest town)
shauld		-	d MANE OF HOSPITAL (If not in hounite), give street address?	d. STREET ADDRESS	e. IS RESIDENCE
in by	X	L	5624 Ballman Ave.	5624 Ballman Ave.	YES NO
4 bo		3.	NAME OF First Middle DECEASED	Lost 4. DATE OF	Month Day Year
in 2 Gille Bes		<u> </u>	(Type or print) FRANKLIN EARL BERRY	DEATH April	12, 1959
45		5.	THE TEXT MINISTED	B. DATE OF BIRTH 9. AGE (In you lost birthd)	ears IF UNDER 1 YEAR IF UNDER 24 HRS.  OY) Months Days Hours Min.
g ge			Male White WIDOWED DIVORCED	Nov. 27, 1884 74	уга.
com com		100	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INI during most of working tife, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
execting co			Spring Rigger B. & O. R.	R. Green Bay, Virgini	a U.S.
e be corbo		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
And the Control of th		_	Unknown	Unknown	
ertifical physic remove 2 bours	11	15. (Ye	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. no or unknown) 1 (1) yes, give wor or dotes of services	INFORMANT	Address
2 2 2	- 1		No 5	arl L. Berry 5624 Bal	Iman Ave.
death ce			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
4 d d d			PART 1. DEATH WAS CAUSED BY: Drawthere	cuit (coreline du	100 2/20
of the			16 d. DUE TO		
4 1.6			Canditions, if any, which ) (b)		
Jres pred per jres in a			gave rise to immediate DUE TO		
Sit Sign			lying cause lost. (c)		
faw nysici beer l-tran	0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMED?
The plant base		5	200 ACCUSENT MAKE HENDEN VINC TO 200 DESCRIBE HOW IN HIRV OCCUR	RED (Enter nature of injury in Part I or Part II of item 18	YES NO X
endin ficote ficote the b			200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	KED (Enter nature of injury in Part I of Part II of them Is	,
r att		MEDICAL	· ·	PLACE OF INJURY (Home, farm, 20f (City or town) factory, street, officerbldg, etc.)	(County) (Slate)
ta t		ME	Haur o. m. While Not work of work		· · ·
Spi Spi der der der der			21. I certify that I attended the deceased from. 1.3.4.	19 S, to 7 7 1/. 19	50, that I last saw the deceased
NO e ho iche			alive on 1957, and that dec	ith occurred at 11546 M, from the cous	es and on the date stated obove
de de de de			M. O.	ADDRESS (Street, city or to	own, stole) DATE SIGNED
P d be			SIGNATURE JULY Turners	M.D	7.1559
retain RAL Dil shauld stror pr	- 1		PHYSICIAN'S Hanny & Summons	7307 Detended 07	B-34- S5 MA
reto ERAL I show			NAME (Type) 116111 Y 2 . DUITHET S	1401 Patapsco Av	
HOSI FUNE Gge 3		220	BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)		
o HO o FUN o FUN page the re		-	HINTER STREET		Co. Md.
	9-	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	AIXAR 17 to	REGISTRARS STRAUMTURE
VS A15 (4) 1SM 9/55	-	1	Terret / Tree 4001 Ritchie	HOWY DATE	Cirthun I House



1	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
FOR STATE	388 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (13848)
HEALTH DEPT.	1 PLACE OF DEATH o. COUNTY A.  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  b. COUNTY  C.  C.  C.  C.  C.  C.  C.  C.  C.  C
or, Page or Files of Health,	b. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town)  Cod give nearest town)  Cod give nearest town)
Soord T	Survey Res January 1. Have the street address of the street address on a farm on a farm of the street address on a farm of a farm on a farm of a farm on a farm of a farm on a farm of a farm of a farm of a farm on a farm of a f
delay ne fune retain re State rr death	3 NAME OF First Middle Lost 4. DATE Month Doy Year OF DECEASED (Type or print) Wallace Eugene Derry Death april 16 1959
# 3 ra ra rady be with the	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 18 B DATE OF BIRTH  (U. WIDOWED DIVORCED 3/9/42  9. AGE (In years lef UNDER 3YEAR IF UNDER 24 HOSS lost birthday)  17 yrs Months Doys Hours M'n
r death 2, and Page 5 in 72 ha	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12 CITIZEN OF WHAT COUNTRY?  When stock Clk Falls Co - U. S. A.
PM3.	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
Give P. Give P. File p. File p. my ever	15. WAS DECEASED EVER IN U. S. ARMED FORCES 16 SOCIAL SECURITY NO. 17. INFORMANT  (You, so granhown) (If yes, give war or dates at service)  21240 2905 ("May South Address")
d is o	18 CAUSE OF DEATH [Enter only one couse per line (on (o), (b), and (c).]
in Hen in Hen ice alor ansit p wal, an	929.2 DUE TO
d be ex percil prisolation or remo	Conditions, if any, which   (b)   gave rise to immediate cause   DUE TO
shou camin as a fian,	couse lost. (c)
ficate pendical pendical Exact	PERFORMED? YES NO Z
hrs cert ward " if Media infd be vrial, c	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  200 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18)  CAUSE OF DEATH.
g the g the rate by a rate	20c TIME OF INJURY Month. Doy. Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote)  Hour Hour Hour Of m. 4/26 1959 of work of some as Item #1. Dalyo. S. A.A. M.C.
American American Programme Programm	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my
ECTOR:	opinion death resulted from: Natural causes . Accident , Suicide , Homicide . Undetermined manner
DIRECT OF THE COLUMN TO THE CO	ACTUAL Chez - Z - Ball J - M.D. CHIEF MEDICAL EXAMINER - DATE SIGNED
e the id be the transfer and the design	EXAMINER'S DEPUTY MEDICAL EXAMINER DY  ASSISTANT MEDICAL EXAMINER DY  DEPUTY MEDICAL EXAMINER DY
should sh	220. BURIAL CREMATION, REMOVAL (Specify) 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stole)
5 g 4 5 g	Burial 4/29/59 Loudon Park Cemetery Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
/S. A15ME 5M 2/57	Howard H. Hubbard 4107 Wilkens Ave. DATE APR 28'59 Critical S. Kraus

1 5 \* 7 } 1. 1 Ly Limit I 4 4,25 "

Item 20 Film MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY O. STATE **b.** COUNTY MARYLAND uriof. b. CHY OR TOWN It outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) d. NAJAE OF HOSPICAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a, IS RESIDENCE ON A FARM? YES NO NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH 19 6. GOLOR OR RACE 7. MARRIED M NEVER MARRIED [ 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours WIDOWED | DIVORCED | yrs. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during mest of working life, even if retired) 15. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise to immediate couse **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY õ PERFORMED? NO X 20o EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18) CERT. PRIMARY | or CONTRIBUTING Fell over board at Back Creek CAUSE OF DEATH. MEDICAL Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or lown) (County) (Stote) Not while factory, gireet, office bidg., etc.) Hour -differ -1-59 19 Mal. A A Co Annarolis at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry , and find that death resulted from: Natural causes Accident 14. Suicide 1. Homicide . Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNATURE forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER (X 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d (OCATION (City, town, or county) JEMOVAL (Specify) 0 23. MYNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 6 VS. A15ME(5) 5M 9/55



I tem 20b Comm. MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND h. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Annapolis d NAME OF HOSPITALIOR INSTITUTION (45 not in hospital, give street address) e. IS RESIDENCE ened h ON A FARM? YES NO 3. NAME OF DECEASED Middle 4. DATE OF (Type Mr print) DEATH 19 9. AGE (In yours 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED TE 8. DATE OF BIRTA IF UNDER TYEAR JE LINDER 24 HGS Months Days Hours Min. WIDOWED [ (0 yes 160. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY design most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? oge 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INTERVAL BETYPETS 18. CAUSE OF DEATH [Enter only one couse per I ne (or (o), (b) and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (o), stating the underlying cours lost, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? 0 20g EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCR.BE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port It of item 18.) off roadway Motor vehicle acc. 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or fown) White Not white factory, street, office bldg, etc.) Month, Day, Year 20s. TIME OF INJURY (County), (State) at work at work I took charge of the remains described above, beld an Autopsy Inspection , Inquiry . and in my RECTOR: Accident4 Suicide . Hamicide . Undetermined manner Natural causes DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER D 220 BURIAL, CREMATION 22d LOCATION (CHy, town, or county) 22c NAME OF CEMETERY OR CREMATORY (Slate) 40 ADDRESS 23 FUNGERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 26. REGISTRAR'S SIGNATURE VS. ATSME Cirling S. Kraus 5M 2.157



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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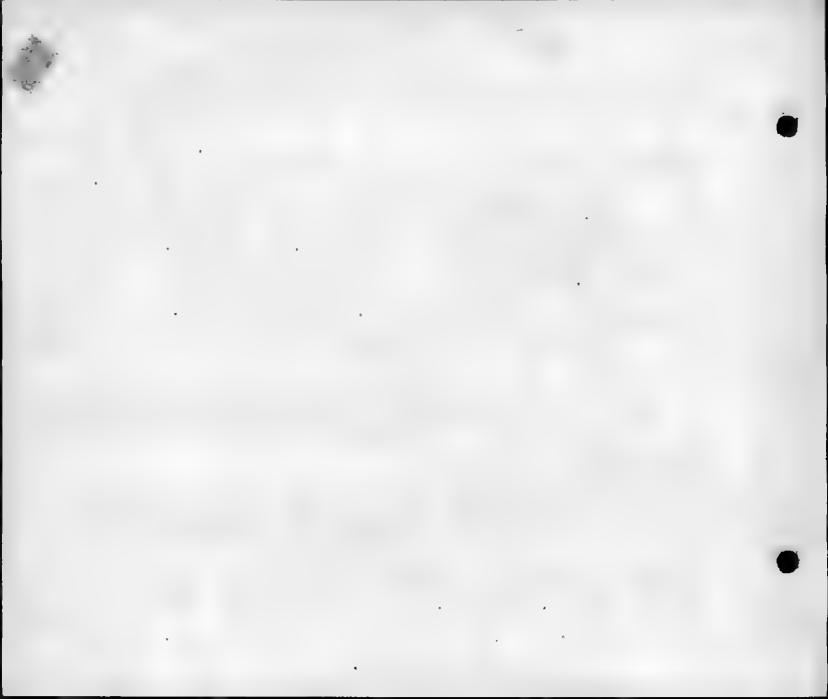
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FOR STATE
HEALTH DEPT.

sary, please for. Page our files. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03853

					Reg. Dist. No.
	ACE OF DEATH			E (Where deceased lived. If institu	utian: Residence before admission).
Q.	Anne Arundel	MARYLAND	°. Statedian	b. COUNT	,
b. 1	CITY OR TOWN Its outside corporate limits, with RUPAL	c. LENGTH OF STAY IN 15	c. CITY OR TOW	N (If outside corporate limits, write	RURAL and give peopet town)
1 -	and give nearest town)	A 1			
	inthicum	8 days	Fort W		The property
0 1	NAME OF HOSPITAL OR INSTITUTION (If not in I	hospital, give street address)	d STREET ADDRE		o. IS RESIDEN
	570 Forest View		3701 Kn	ollcrest_Rd	YES NO
3, NA	AME OF First	Middle	Lost	4. DATE Mont	h Doy Year
	ype or print) ORZA	T. BURGE	NE.B		pril 3rd. 19 59
s. SEX	X 6. COLOR OR RACE 7- MAR	RIED NEVER MARRIED   B	DATE OF BIRTH	9 AGE (In years	IF UNDER TYEAR IF UNDER 24 H
M	vodiw tr	VED DIVORCED	6/9/90	fort birthday) 68 yrs.	Months Days Hours Min.
Oa l	USUAL OCCUPATION (Give kind of work done 10b	4,51			12 CITIZEN OF WHAT COUNT
dur	ring most of working life, even if retired)				
		ternational Har			USA
12, F/	ATHER'S NAME		14. MOTHER'S MAID	EN NAME	
	Christian H.Burgener		Mary K	och	
	NAS DECEASED EVER IN U. S. ARMED FORCES? ]	6. SOCIAL SECURITY NO 17. IA	FORMANT	Address	
	No	309-09-9777 Mr	s. Mahal B	urgener (wife).	
11	IB CAUSE OF DEATH   Enter only one couse per lin		Ma THENDE	A BOHOL ( WALE)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY				DINSET AND DEATH
-1	1120   IMMEDIATE CAUSE (a)	Coronary Occl	usion		Sudden
	7 AUTO DUE TO				
	Conditions, if any, which) (b)				
	gave rise to immediate couse (a), stating the underlying DUE TO				
	Annua dash				
_ [	couse fast. (c)	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE T	ERMINAL DISEASE CONDITION GIV	/EN IN PART HOLES, WAS AUTOPS:
_ [	Annua dash	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE T	ERMINAL DISEASE CONDITION GIV	PERFORMED?
CATION	PART II. OTHER SIGNIFICANT CONDITIONS				PERFORMED?
NO INC.	PART II. OTHER SIGNIFICANT CONDITIONS  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	CONTRIBUTING TO DEATH BUT N			PERFORMED?
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS  200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b. DESCR	RIBE HOW INJURY OCCURRED (E	nler nature of injury in	Part f or Port II of Item 18.)	PERFORMED?
CAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  200. TIME OF INJURY Month, Day, Year 200.	BE HOW INJURY OCCURRED (E.	nler nature of injury in	Part f or Port II of Item 18.}	PERFORMED? YES   NO [
CAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  200. TIME OF INJURY Month, Day, Year Hour a. m.	IBE HOW INJURY OCCURRED (E.	nler nature of injury in	Part f or Port II of Item 18.}	PERFORMED?
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  200. TIME OF INJURY Month, Doy, Year Hour a.m., p. m. 19 of	I. INJURY OCCURRED (E. J. INJURY OCCURRED (E. J. INJURY OCCURRED factor of wark of the second of t	nier nature of injury in E OF INJURY (Home, ry, street, office bldg.	Fart f or Port II of Item 18.} form,   20f. (City or town)	PERFORMED? YES NO [
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS  PRIMARY   or CONTRIBUTING   20b. DESCR  PRIMARY   or CONTRIBUTING   20c.  CAUSE OF DEATH.  20c. TIME OF INJURY   Month, Dey, Year   20c. Hour   a, m.   19   ot   21. I certify that 1 took charge of the	HIBE HOW INJURY OCCURRED (E. INJURY OCCURRED 20e. PLAC facte work of wark to remains described above	nier nature of injury in EE OF INJURY (Home, ny, street, office bldg. ve, hetd an Aut	form, 20f. (City or fown)	(County) (State
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  200. TIME OF INJURY Month, Doy, Year Hour a.m., p. m. 19 of	HIBE HOW INJURY OCCURRED (E. INJURY OCCURRED 20e. PLAC facte work of wark to remains described above	nier nature of injury in EE OF INJURY (Home, ny, street, office bldg. ve, hetd an Aut	form, 20f. (City or fown)	PERFORMED? YES NO [
Notice of the second of the se	PART II. OTHER SIGNIFICANT CONDITIONS  POO. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b. DESCR CAUSE OF DEATH.  20c TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 of  21. I certify that I took charge of the opinion death resulted from: Natura	INJURY OCCURRED 20e. PLAC factor work of wark ceremoins described about causes . Accident	TE OF INJURY (Home, ory, street, office bldg.  ve, held an Auto , Suicide	form,   20f. (City or town) etc.)   ppsy, Inspection, Undete	(County) (State
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS  POO. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b. DESCR CAUSE OF DEATH.  20c TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 of  21. I certify that I took charge of the opinion death resulted from: Natura	HIBE HOW INJURY OCCURRED (E. INJURY OCCURRED 20e. PLAC facte work of wark to remains described above	TE OF INJURY (Home, ory, street, office bldg  ve, held an Automatic block of the	Part t or Port II of Item 18.)  form,   20f. (City or town)  opsy  , Inspection  , Undete	PERFORMED? YES NO (County) (State
WEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS  PRIMARY   or CONTRIBUTING   20b. DESCR  PRIMARY   or CONTRIBUTING   20c.  CAUSE OF DEATH.  20c. TIME OF INJURY   Month, Doy, Year   20c. Hour   or m.   19   vit  21. I certify that I took charge of the opinion death resulted from: Natura  ACTUAL   SIGNATURE   LISTAIL   X   X   X   X    ACTUAL   SIGNATURE   X   X   X   X   X    PART II. OTHER SIGNIFICANT CONDITIONS  20b. DESCR  20b. DESCR  20b. DESCR  20c. TIME OF INJURY   Month, Doy, Year   20c.  Vol. Time Of Injury   Year   20c.  ACTUAL   SIGNATURE   X   X   X    ACTUAL   SIGNATURE   X   X    ACTUAL   X	INJURY OCCURRED 20e. PLAC factor work of wark ceremoins described about causes . Accident	TE OF INJURY (Home, ory, street, office bldg  ve, held an Automatic block of the	form,   20f. (City or town) etc.)   ppsy, Inspection, Undete	(County) (State
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS  POO. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  Poor TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 of  21. I certify that I took charge of the opinion death resulted from: Natura  ACTUAL SIGNATURE LISTAR XX A  EXAMINER'S	HIBE HOW INJURY OCCURRED (E. INJURY OCCURRED ADDRESS ACCIDENT COURSES ACCIDENT ACCIDEN	TE OF INJURY (Home, by, street, office bldg  ve, held an Auto  , Suicide  M.D CHIEF MEDICA  ASSISTANT MI	Part t or Port II of Item 18.)  form,   20f. (City or town)  opsy  , Inspection  , Undete	(County) (State
MEDICAL CERTIFICATION  SEE SECTION  ACCORDANCE  ACCORD	PART II. OTHER SIGNIFICANT CONDITIONS  POO. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING    CAUSE OF DEATH.  200. TIME OF INJURY Month, Doy, Year Hour a. m. 19 of  21. I certify that I took charge of the opinion death resulted from: Natura  ACTUAL SIGNATURE LISTAL XX  EXAMINER'S NAME (Type) Gustave H. Faibe  EURIAL CREMATION, 1226 DATE THEREOF	HIBE HOW INJURY OCCURRED (E. INJURY OCCURRED ADDRESS ACCIDENT COURSES ACCIDENT ACCIDEN	TE OF INJURY (Home, by, street, office bldg.  Te, held an Autor, Suicide	Fart f or Port II of Item 18.)  form,   20f. (City or fown)   etc.)	(County) (State)  Inquiry (X), and in maximized manner (1)  DATE SIGNED
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS  20b. DESCR  PRIMARY   or CONTRIBUTING    CAUSE OF DEATH.  20c. TIME OF INJURY Month, Doy, Year 20c  With the part of the control of the	d. INJURY OCCURRED 20e. PLACE foctor work of work to w	TE OF INJURY (Home, ity, street, office bldg.  ye, held an Autory, Suicide	form, 20f. (City or fown)  ppsy, Inspection, Homicide, Undete	(County) (State)  (County) (State)
MEDICAL CERTIFICATION  Secondary Control Contr	PART II. OTHER SIGNIFICANT CONDITIONS  POO. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING    CAUSE OF DEATH.  200. TIME OF INJURY Month, Doy, Year Hour a. m. 19 of  21. I certify that I took charge of the opinion death resulted from: Natura  ACTUAL SIGNATURE LISTAL XX  EXAMINER'S NAME (Type) Gustave H. Faibe  EURIAL CREMATION, 1226 DATE THEREOF	HIBE HOW INJURY OCCURRED (E. INJURY OCCURRED 20e. PLACE factor work of work of work and the courses . Accident [	miler nature of injury in the control of injury inju	Fart f or Fort II of Item 18.)  form, 20f. (City or town)  ppsy, Inspection,  Homicide, Undete  LEXAMINER  DICAL EXAMINER  22d LOCATION (City, tawn, to Fort Viayne,	(County) (State  Inquiry (A), and in mermined manner  DATE SIGNED  (Stote)

TO DEPUTY MELL & EXAMINER: This artificate shall be exemised within 24 hours after death. If any delay is native execute the control of the world "pending" in pending them 18. Give Pages 1, 2, and 3 to the funeral should be in the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained that TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard as its designated agent, prior to be burial, are removal, and in any event within 72 bours ofter death. VS. A15ME 5M 2/57



MAI	RYLAND	STATE	DEPARTMENT	OF HEA	ALTH-B	ALTIMORE,	1

CERTIFICATE OF DEATH

03854

3883 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY Anne Arundel o STATE b. COUNTY MARYLAND Md. b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Glen Burnie vears Glen Burnie d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? OR INSTITUTION 424 Maple YES NO Lane Manla Lane 4. DATE NAME OF First Middle Last Month Day Year DECEASED OF DEATH (Type or print) Louis Fraderick Burkman April 19 50 5. SEX 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR! IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Min. 1898 Male White WIDOWED [7] DIVORCED T 60 yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? duting most of working life, even if refired) Crain Operator Chem. Armour Uq. BaltimoreMal USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Burkman Bertha Rex 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Edith Burkman, same as no none 76 Mrs CAUSE OF DEATH [Enter only one couse per ling-for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Canditians, if ony, which ] gove rise to immediate **DUE TO** carcinoma cause (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port It of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d, INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour o.m. While Not while of work at work p. m. 21. I certify that attended the deceased fram that I last saw the deceased. and that death accurred M, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S Joseph Taler M.D NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22b. DATE THEREOF 22d, LOCATION (City, town, or county) (State) Glen Haven Memorial Glen Burnie **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 2 8 '59 Cirthun S. Traus

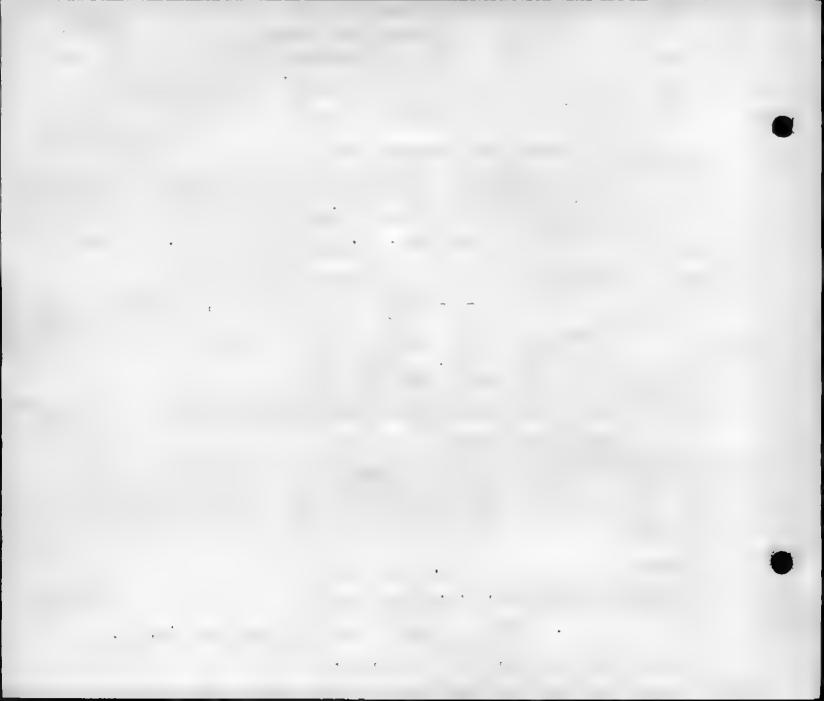
9 VS A15 (4) 15M 9/55

and

Kirklev

uten

Burnie.



3853 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deseased tiveds If institution: Desidence before admission) o. COUNTY COUNTY PLO b. CITY OR JOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY ORNOWN (If outside corporate limits, write RURAL and give negrest town) g RURAY and give nearest town) should d. NAMP d STREET ADDRESS e. IS RESIDENCE ON A FARM? by 12 YES 🔲 NO 🔀 NAME OF Middle . DATE Month Day Yeor DECEASED (Type or print) DEATH 195 IF UNDER 1 YEAR IF UNDER 24 HRS COTOR OF RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years completely lost birthday) Months Days Hours Min. WIDOWED | QSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY dering most of verking life, even if retired) 12 CITIZEN OF WHAT COUNTRY? death Dug-18. FATHER'S NAME 14 MOTHER & MAIDEN physician гетоме WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANI? Addres 22 offending edse CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH ᇻ PART 1. DEATH WAS CAUSED BY: Then IMMEDIATE CAUSE (o) the DUE TO þ permit. Conditions, if ony, which signed gave rise to immediate DUE TO cause (a), stating the under-Pub lying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? has YES NO 20d ACC DENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d INJURY OCCURRED (County) (State) foctory, street, office bldg, etc.) Hour a. m. While Not white at work at work p. m. 21. I certify that I attended the deceased from 1927, that I last saw the deceased alive on M. from the causes and an the date stated above. and that death accurred at... DATE SIGNED ADDRESS (Street, city or Jown, stote) ACTUAL FUNERAL DIREC prior þ SIGNATURI 3 should PHYSICIAN'S registror NAME (Type) BUR AL, CREMATION, 22b. DATE THEREOF 22d COCATION (City town, or county). page the 0 DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 245/ APR 1 0 '59 VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



the attending physician and campletely filled in by property in the please remove carbon papers. Pages 1 and 2 shauld be filed with vent in 72 hours after death. death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft the haspital ar attending physician. R: After this certificate has been signed page 3 should be detached for use as the burial-transit the registror prior to burial, cremation, or remayal, and

TO HOSPITAL OR TO FUNERAL DIR H

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3884

## **CERTIFICATE OF DEATH**

Neg. Dist. No.

-		
F	1 PLACE OF DEATH O'COUNTY O'STATE O'STATE	SIDENCE (Where deceased lived. If institution: Residence before admission)
厂	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	R TOWN If outside corporate limits, write RURAL and give nearest town)
		ADDRESS COM A FARM? YES NO PI
3.	3. NAME OF DECEASED (Type or print) That His Middle, Suit	de Date OF Month Day Year DEATH CON OF 19.5 9
5.	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MATRIED B. DAJE OF BI	7 AGE (In yours If UNIDER YYEAR IF UNDER 24 HRS. lost withday) Months Days Hours Min.
10	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTH	PLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Willy Med 20. 32.
13		S MAIDEN NAME CAREY
15 (Ye	15 WAS DECEASEDEVER IN U. S ARMED FORCES? (Yes, no, or unknown) [Ill yes, give wor or dates of service]	Address
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which )	INTERVAL BETWEEN ONSET AND DEATH
_	gove rise to immediate code (o), storing the under-lying couse lost.	CR ( 14-4/fr " "
CA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO [7]
CERTIF		of injury in Port 8 or Part 11 of item 18.)
■EDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 At work of work   20e. PLACE OF INJURY factory, street, off	fHome, farm, 20f. (City or town) (County) (State) ice bldg., etc.)
	21. I certify that I attended the deceased from 19/2 alive an 19/2 and that death occurred a ACTUAL SIGNATURE 11/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/	that I last saw the deceased the deceased media. M, from the causes and an the date stated above.  ADDRESS (Street, city or lown, stole)  DATE SIGNED
	PHYSICIAN'S 13 P. P. Y. L. Fr 1 Det 1196	Elforety en My
22	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY SEMOVAL (Specify) 4/12/,59	22d LOCATION (City, town, or county) (Stole)
23.	23 TUNERAL DIRECTOR'S SIGNATURE COME (ADDRESS)	240. REGISTRAR 245 REGISTRAR'S SIGNATURE



Items 5 & 6, Film G241 fcy CERTIFICATE OF DEATH 3854 Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where/deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) 8 RURAL and give nearest town) shauld wass d NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO S NAME OF First 4, DATE Middle Month Day Yeor OF DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HR 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED W-NEVER MARRIED DATE OF BIRTH completely papers. Doys Months Hours White Min. Female WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) corbon offer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WELLS remove 72 hatum 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. Address guipu 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO þ permit. any Conditions, if ony, which been signed gove rise to immediate DUE TO cause (o), stating the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \ NO \ 20a. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ő 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, Month, 20d INJURY OCCURRED 20f (City or town) Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour 0. m While Not while of work of work p. m. now 19.5. 1. that I last saw the deceased 2). I certify that I attended the deceased from... and that death accurred at 1.25PM, from the causes and on the date stated above. alive on\_, detach OR: ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL SIGNATURE should ä PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Jown, or county) (Slote) REMOVAL (Specify) 0 24b. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D'BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed we certificate has been executed by the attending physician and completely full death certificate assembly should be detached for use as a burial transit pering

VS A15C 1-55 10M\*\*

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH 3855 Item 4 FilmG241 4-27-59 et

03858

		•	1	
Reg.	Dist.	No.	 *****	 *** *

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASE	
COUNTY AMORE H- med	MARYLAND	STATE MORYLAND COUNTY AMERICA	Arandel
CITY (if outside corporate fimits, write RURAL	LENGTH OF STAY	CITY (Il outside/corporate limits, write RURAL and give nee	rest town)
OR and give nearest town)	(in this placa)	Y TOWN Odenton	
HOSPITAL OR	10 days	STREET (If rural give location)	
INSTITUTION OR A A A	21/	ADDRESS	
STREET ADDRESS A. A. General Hes	pital	10011 211 - 11 3211 - 19	on Ave-
3. NAME OF (First) (A	Aiddia)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Elizabeth H	inn Cl	a 1/2 DEATH April	17, 19 59
5. SEX 6. COLOR OR 7. SINGLE, MARRIES	D, 8. DATE C	OF BIRTH 9. AGE last birthday IF UNDER	
Female Whit- (Specify) / Mar	ORCED,	5, 1890 68 yrs. Months	Days Hours Min.
	OF BUSINESS	/ / / /	. CITIZEN OF WHAT
done during most of working life, evan if OR I	INDUSTRY	II. BIRTHPLACE (State of foreign country)	COUNTRY?
retired to iseverk Owa	n Home	Trince George or, Mr.	1. D. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Taka Varmillian		Jenny (unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16.	SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or dates of service)	nh	11 11011 1 15 01 1	17
No manne	vone	VAT-IVICHOLOS D- CLOPK	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CEI	etipication	ONSEL AND DEATH
IMMEDIATE CAUSE (A)	acer d	12 ver	6 My 2
ANTECEDENT CAUSE(S) DUE TO	, (		
DISEASES OR CONDITIONS IF ANY IRI	man.	cole.	
STATING UNDERLYING CAUSE LAST.			
(C)			,
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	. 1 7	7.	1/11/20
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	"Cole ten	Mr.	6 1000
19a. DATE OF OPERATION   19b. MAJOR FINDINGS O	F OPERATION		20. AUTOPSY?
			YES NO Z
21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR? (City or lown) (Coun	ity) (State)
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21a.		21f. HOW DID INJURY OCCUR?	
M, at wor			
22. I hereby certify that I attended the deceas	sed from 12 - 30	195 8 to 4 17 19 5 9, that I	last saw the deceased
aline on Ha /7, 10 69 and	that doubt accourage at		
SIGNATURE	1 - 1	ADDRESS (Streat, city, town, stata)	DATE SIGNED
Frank Mr Ali	they M.O.	Umapplie , Toll	4-18-59
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county	(Stata)
Tautial Apr. 1321959	Mir Kols-	Bethe Ch. Con. Odenton	11%-
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE			ADDRESS
DATE APR 20'59 action & House		117. Songteton Glento	Surnie) Md.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03859 3888 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) · COUNTY Filed o STATE **b.** COUNTY MARYLAND Anne Arundel Maryland Montgomery erol CITY OF TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Rockville 0 Crownsville 8days d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE OR INSTITUTION ON A FARM? 50 Crownsville State Hospital 12 Martins Lane YES NO 17 2 NAME OF DECEASED Middle Lost OF Stephen (Type or print) Edward Coles 10 59 4 DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years lost birthdoy) B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Male Months Hours Negro Doys n and camples rban papers. ter death. WIDOWED | DIVORCED | 1890 68 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Maryland U.S.A. Butler carbo ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Leroy Coles Sophie Unknown hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address were cares were no desten oil secured Yes ttending 218-12-0505 Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Hypostatic Pneumonia 2 weeks IMMEDIATE CAUSE (o) DUE TO Chronic Brain Syndrome Associated with Since Conditions, if ony, which Cerebrovascular Arteriosclerosis (b) Admission gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Chronic Gall Bladder Disease YES NO I 20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) foctory, street, office bldg., etc.) O. M While Not while of work of work 21. I certify that I attended the deceased from... 19\_59...that I last saw the deceased and that death occurred at 12:30PM, from the couses and on the date stated above. detach ac ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE Crownsville State Hospital.Md. 3 should Benedict. M. PHYSICIAN'S Crownsville State Hospital.Md. NAME (Type) 270 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY (Slote) REMOVAL (Specify) ٩ 10 23. FUNERAL DIRECTOR'S SIGNAP L REC'D BY REGISTRATE POST REGISTRAR'S SIGNATURE VS A15 (4) arthur & Flows 15M 10/57



FOR STATE HEALTH DEPT.

(Type or 5. SEX

220. BURIAL REMOV Bur 23 FUNERA

MEDICAL CERTIFICATION 20a, EX PRIMAR CAUSE 20c. TIA

d

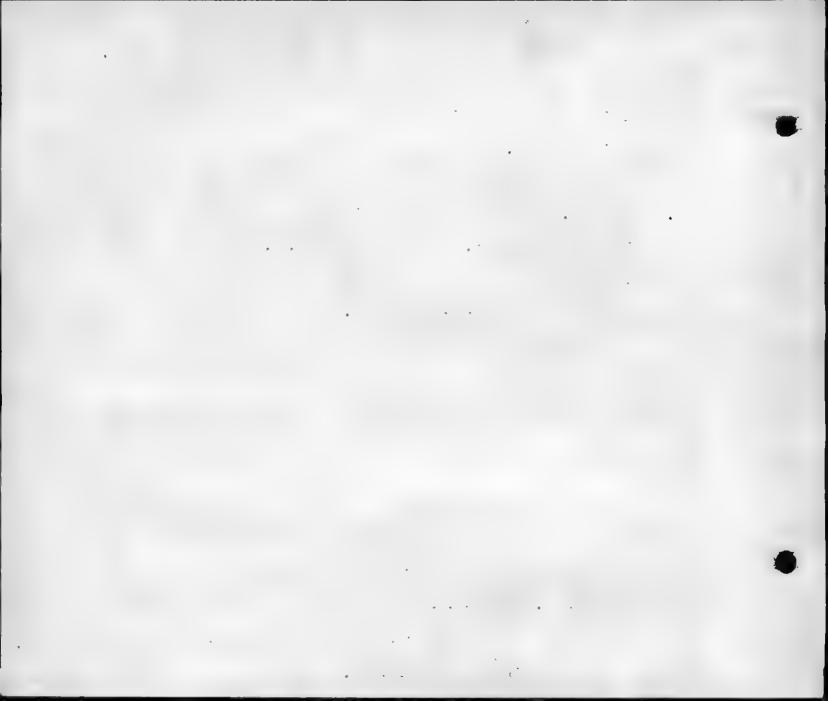
or, Please our files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is negative execute the certific, writing the ward "pellating" in pencil in them, 18. Give Pages 1, 2, and 3 to the funero! 4 should be failed and the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transity permit. File pages 1 and 2 with the State Board as its designated agent, priar to burial, cremotion, or removal, and in any event within 72 hours ofter death.

**V5. A15ME** 5M 2/57

						NT OF HEAL				Dist. No.	3860
1.	PLACE OF DEATH					2. USUAL RESIDENCE	(Where deci			idence befo	re admission)
	Anno Arunde			MARY	LAND	o. STATE Sa	ame	Share	iTY		
	o. CITY OR TOWN [1 or and give negrest fown]	ultide corporate kinits, write t	URAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside c	erporote l'mis, wri	RURAL C	and give as	orest lown)
_	Glen Burni			1 Year		Saı					
		or institution (if		al, give street address	3)	Same	\$ 				YES NO A
	NAME OF DECEASED	First		Middle		Lost	4. DATE	Moi		Doy	Yeor
_		air Harley							th	1959	19
5.	SEX .	6. COLOR OR RACE 7			8.	DATE OF BIRTH		9. AGE (to years lest birthday)	IF UND	7	Hours   Min.
	M	77 0	VIDOWED [			3/6/12		47 yr			
HOC	LUSUAL OCCUPATION Juring most of working	(Give kind of work do life, even if retired)	ne 105. KIN	ID OF BUSINESS OR	INDUSTR			country)			WHAT COUNTRY?
10		ration Repa	ir mar	1.		Benton.				ISA	A 2499
13.	FATHER'S NAME	_				14. MOTHER'S MAIDE	NAME				
15	Charles C	Onner	FCO ILL CO		1	Mary Hess					_
	no. or unknown) [1	t yes, give war as dates of sec	mce)	4-03-9794		irs.Leona C		(wife)	12		
7	PART I. DEATH  LL A (I I I  Conditions, if ony gove rise to immedia (o), stoting the un course fost.	derlying DUE TO	Corons	ary Occlus						Su	AL METWIEN AVED DEATH AVED DEATH
CERTIFICATION	200, EXTERNAL CAUS PRIMARY OF CONT CAUSE OF DEATH.	R SIGNIFICANT CONDITION CO				Her noture of injury in I			IVEN IN 77		PERFORMED?
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Doy, Year	White	Not while of work	PLAC foctor	E OF INJURY (Home, for ry, street, effice bldg.,	orm, 20f. (C	ity or town)	(0	County)	(State)
	opinion death re	of I took charge of esulted from: No	ntural car		lent [		Homicid			monner	ond in my
	EVAMINERS	ustave H. F			VIIV	ASSISTANT MED  DEPUTY MEDICA	ICAL EXAMIN	VER 🗆	3/59		
- eter-		1226. DATE THEREOF		Weller		REMATORY		ATION (City, town	or county	. Twn.	(Stole) Pa-
	opping as	som	15. G1	en Burni	2.	MA DATE				1. Henry	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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PITAL O	may be retained the hospital or attending physician.  J FUNERAL DITA OR: After this certificate has been signed by the attending physician and completely filled to by the funeral director. The attended for use as the burial-transit permit. Then please random chapter and a standard for use as the burial-transit permit. Then please random chapter and a standard for use as the burial-transit permit.	the registrar priar to burial, cremation, or remayal, and in any event within 72 hours after depth	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page a	may be retained the hospital or aftending physician.  TO FUNERAL DIS OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shall be detached for use as the burial-transit permit. Then plante remove carbon dopers. Plant 1 and 2 shalldbe filed with	the reg	

VS A1S (4) 15M 10/S7

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3887

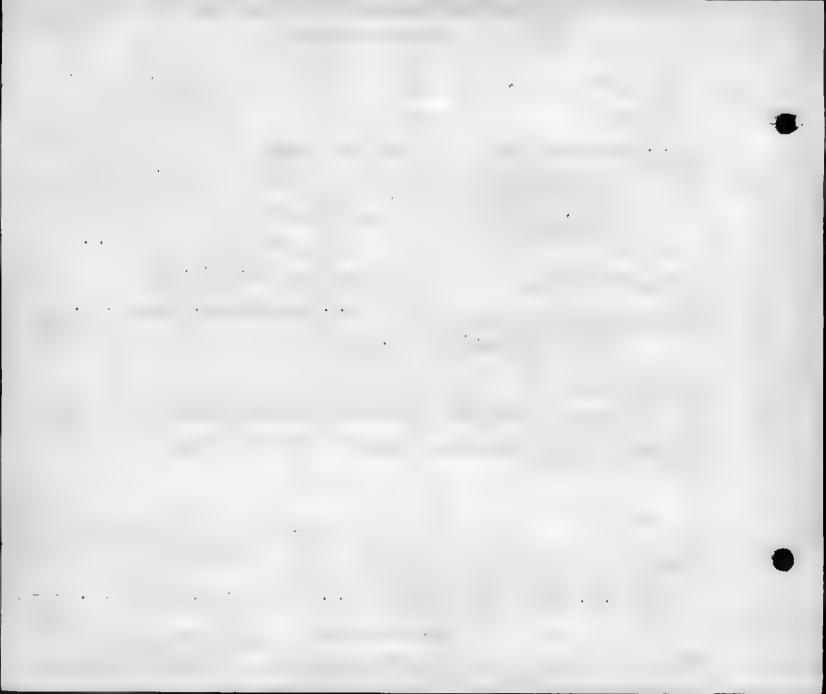
CERTIFICATE OF DEATH

()	3	8	6	2
()	3	8	6	2

		***************************************		Reg. Dist. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived. If institution	n: Residence before admission)
A.A.County	MARYLAND	2. USUAL RESIDENCE (W	b. COUNTY	A.A.County
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RU	RAL and give nearest town)
Lansdowna		5/ Lans	downe	
d. NAME OF HOSPITAL (If not in hospital, give street of institution 128 N. Hammonds Ferry		d. STREET ADDRESS 528 N.	Hammonds Fer	e. IS RESIDENCE ON A FARM? YES   NO
2 MANE OF	h47 1 89	Lost	4. DATE Month	
DECEASED ETVIL J"COU(	GNET	1.031	OF DEATH April	
	IED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	Months Days Hours Min
Male White WIDOWE		June 20,19		Months Days Hours Min
10b. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Slote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Trucking	Baltin	ore	
13. FATHER'S NAME		14 MOTHER'S MAIDEN	NAME	
Embl C. Cougnet		Mary Hed	dinger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 S		NFORMANT	Addre	35
Yes World War 11	212 07 5858	Carrie E	.Cougnet, 528	Hammonds Ferry
18. CAUSE OF DEATH [Enter only one cause per lin	e for (o), (b), and (c).]	1	0110	LINTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	arememo	of the	Saft lum	ONSET AND DEATH
1/63X DUE TO		20	1 1	Tuko.
Conditions, if ony, which } (b)	unth m	elastosis	· V	same.
gove rise to immediate DUE TO				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	PERFORMED?  YES NO X
206 ACCIDENT WAS UNDERLYING 206. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	n, 20f. (City or town)	(County) (State)
Hour e.m.  p. m.  19 While of work	tabl witte	ctory, street, office bldg., et		
21. I certify that, I attended the decease	9/2//	, 19.5 <u>7</u> , ta,,,,		,that I last saw the deceased
alive an 195	2and that death	accurred at // .22	3.M, fram the causes ar	nd an the date stated above.
- 1 1 A 1	-//	~ ~ 0	ADDRESS (Street, city or town, s	lote) DATE SIGNED
SIGNATURE / Library 4 den	nellas	M.D. 5 305 20	at there	4/3/59
PHYSICIAN'S Herbett 1. L	Levickas	Baltem	in -27, mal	/
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or	county) (State)
REMOVAL GARCINI 4/6/59	U.S.Nation	nal	Baltimore.M	
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a REC		TRAR'S SIGNATURE
Howard TH. Hubbard 4107	Wilkens Av	C. DATE S	DD 7 150 Co	Thur S. Hours



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05083 3857 **CERTIFICATE OF DEATH** Ŧ, Reg. Dist. No director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY Maryland b. COUNTY be filed MARYLAND Anne Arundel Anne Arundel b. CITY OR TOWN (If autside carporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 3 hours Annapolis Annapolis d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? 1330 Forest Drive YES NO TO H.S. Naval Hospital NAME OF 4. DATE Middle Lost Month Day Year DECEASED OF DEATH 1959 DANIELS April 29 (Type or print) Baby Boy 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH S. SEX Months Days Min. DIVORCED [7] WIDOWED [7] 29 April 1959 YES Male Cauc 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? death. U.S. Maryland offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Mary Grierson bours David Lee Daniels 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT U.S. Naval Hospital, Annapolis, Md. ending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Abortion (ll oz. baby) hours DUE TO Canditions, if any, which gove rise to immediate DUE TO cattse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🔽 NO 🦳 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20f. (City or town) (State) Doy. (County) factory, street, office bldg., etc.) Hour a.m. Nat while at work at work p. m. 21. I certify that I attended the deceased from 29 April , 1959, to 29 April , 1959, that I last saw the deceased \_\_\_, and that death occurred at 11:10AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL DIR should FUNERAL I PHYSICIAN'S NAME (Type) registror U.S. Naval Hospital, Annapolis, Md. 4-29-USNR 22a. SURIAL, CREMATIONS 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE PDATE MAY 1 4 '59 arthur & Kinua VS A15 (4) 1SM 9/SS





#### 3858 **CERTIFICATE OF DEATH** 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) COUNTY b. COUNTY Filed MARYLAND 0.4 ZTRY OR TOWN (If outside carporate limits, write c CITYORITOWN III autiside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 þe RUBAL and give nearest town recolles NAME OF HOSP, TAL (II not in hespital, give street address) OR INSTITUTION d STREET ADDRESS First U NAME OF Middle DATE Lost DECEASED OF (Type or print) DEATH COLOR OF RACE 9. AGE (In years MARRIED NEVER MARRIED DATE OF BIRTH lost bulhday WIDOWED A DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 (State or foreign country) duling most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 137 INFORMAN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO ٨ Conditions, if any, which (6) gave rise to immediate DUE TO cause (a), stating the underlying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY avol چَ 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, Month. Day, Year 20d INJURY OCCURRED factory, street, office bldg. etc.) Hour a.m While Not while at work at work . 21. I certify that I attended the deceased fram. and that death accurred at 3 detach ACTUAL DOWN TURE should Oliver Purvis. M.D. Franklin St 220, BURIAL, CREMATION, 226, DATE THEREOF REMOVAL (Spepty) Janrice O

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03864

e. IS RESIDENCE ON A FARM? YES NO Y

Year

19

Min

IF UNDER 24 HRS

Hours

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Rea. Dist. No.

IF LINDER LYEAR

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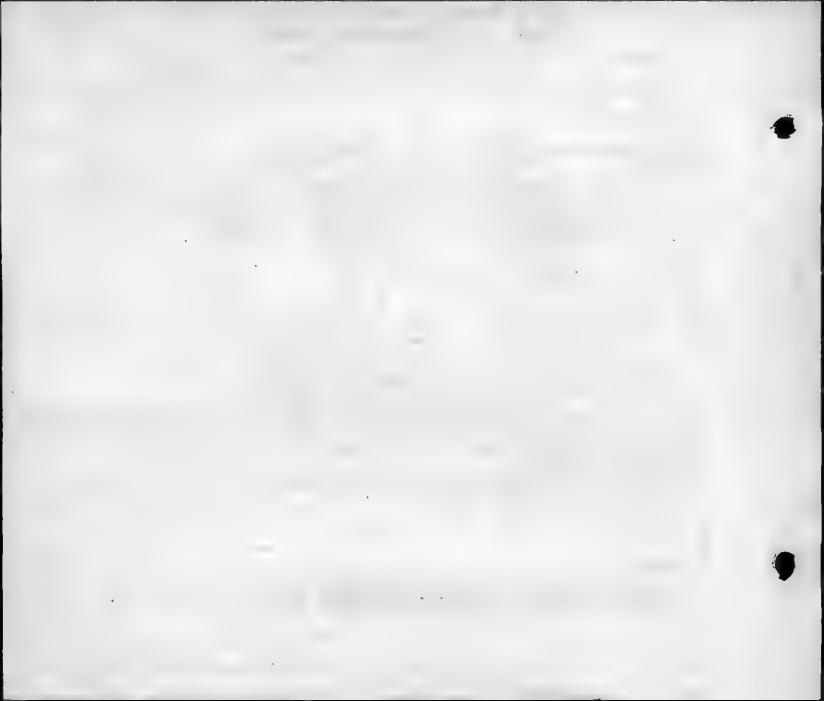
Months

Month

12 CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH Several Moules PERFORMED? YES NO T 20f (City or town) (Stote) (County) 19 S S. that I last saw the deceased M. fram the causes and an the date stated above ADDRESS/[Street\_city or town, state) DATE SIGNED Annapolis. 22d LOGATION (City town, or county) (Stote) REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

VS A15 [4] 15M 9/55

FUNERAL DIRECTOR'S SIGNATURE





03866 Reg. Dist. No.

	. COUNTY	i a		MARYLAN	II a. STAT		ere deceased lived	b. COUNTY	O C	pre admission)
1	CITY OR TOWN (I	outside corporate lime	its, write c. LENK	GTH OF STAY IN 1	b c CITY	Crn Crn	utside corporate li	mils, write RURA	L and give ne	rarest town)
,	OR INSTITUTION	AL (If probin hospital, Lenes	1		d. STR	EET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
- 1	NAME OF DECEASED (Type or print)	How	urd	En didio	Fin	Kle	4. DATE OF DEATH	Month 4-	- /	4 1959
	Male	White	WIDOWED [	DIVORCED	12-	24-1	904 3	burndoy) Me	onths Days	R IF UNDER 24 HF5. Hours Min.
1	dying most of worl	ON (Give kind of work king life, even if retired	done 106 KIND OI	nbiness or in	SEES (	Isma	por foreign country	my.	12. CITIZEN	S A
	PATHER'S HAME	icene F	inkle	_ / '	Ca	rie C	War	ringto	- in	
		R IN U. S. ARMED FOI (If yes, give war ar dates of		SECURITY NO	ome	ly G.	Fink	Ee (Address	3	
		ATH [Enter only one county one co	o1 C01	(b), and (c) ]	RY	THE	om B	2515	127	TERVAL BETWEEN ISET AND DEATH
	Conditions, if a gave rise to i cause (a), stating lying couse lost.	mmediate Que v	ARTE	R,054	ERSTK	CORA	WAR / AN	F. DIS	s. 3	nonTHS
CERTIFICATION	PART 11. OTI	HER SIGNIFICANT CON	NDITIONS CONTRIB	UTING TO DEATH	BUT NOT RELATI	D TO THE TERMI	NAL DISEASE CON	IDITION GIVEN	N PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO 12-
	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING I CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIBE HO	OW INJURY OCCU	RRED (Enter not	ure of injury in F	ari I or Port II of	ilem 18 )		
MEDICA	20c. TIME OF INJUR Hour o. m. p. m	Y Month, Day, Ye	While _ No	CCURRED 20e It while work	PLACE OF INJU factory, street,	JRY (Home, form, office bldg., etc.	20f (City or to	wn)	(County	(Stole)
	21. I cortify the alive on	and I attended the	a made					causes and	an the de	saw the decease ate stated above DATE SIGNE
	PHYSICIAN'S NAME (Type)					******				
1	PURIAL CREMATIC PEMOVAL (Specify)	4-17-	-59 No	eleres	T Com	RY .	22d TOCATION I	apol	20	Ma
23,	FUNERAL DIRECTOR	Signature S	Sens Co	may	polio n	DAMPR	1 7 '59	266. REGISTRA	S. Knows	
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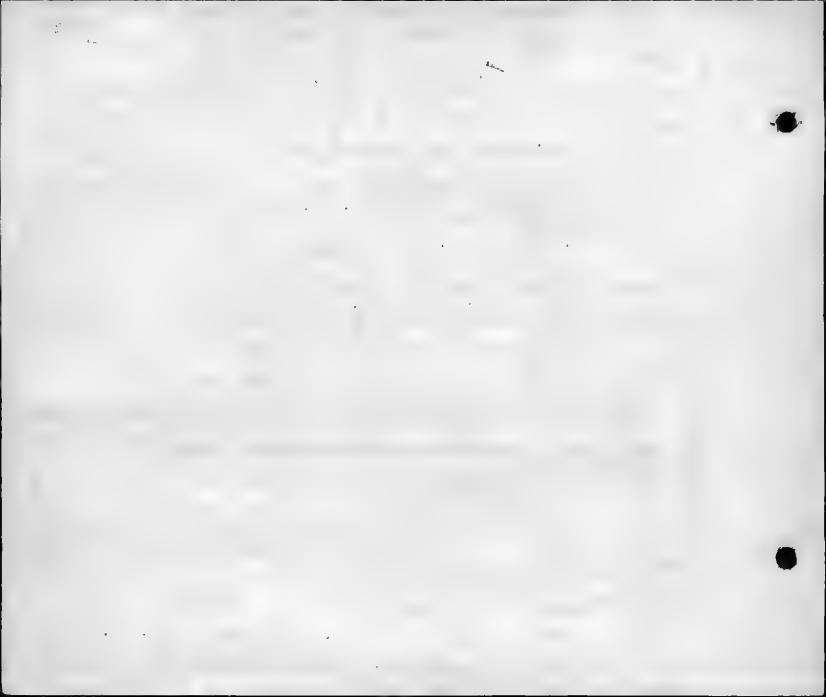
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) · .B_			3890 CERTIFICATE OF DEATH Reg. Dist. No. 3867
director,		), i	PLACE OF DEATH COUNTY AND PLACE OF DEATH O COUNTY AND STATE O
death uneral		t	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Sovery 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
by I	×		d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  d. STREET ADDRESS ON A FARM? YES NO
in 24 har filled in ges 1 an			NAME OF DECEASED Type or print)  NAME OF DECEASED TYPE OF DEATH 4-30-17 19
pletely f		5. \$	
execute rd camp n paper death.		10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. CITIZEN OF WHAT COUNTRY?
ate be		13. (	FATHER'S NAME  LECTURE STATE OF THE MAIDEN NAME  FATHER'S MAIDEN NAME
certific ng physi remove 72 hour		15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT  One of unknown) Lift yes, give wor or dates of service)  Address  Device:  Lift (1)  Address
the death ne oftendir hen please ent within			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)
es that			Conditions, if ony, which gove rise to immediate (b) - C 11030 C 2000 C
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tol or a this cer ar use a remotio		MEDICAL	20c. TIME OF INJURY Month, Day, Year Mour o. m.  19 While Not while of work of
Noting e hospi : After sched fe			21. I certify that I attended the deceased from 19, to 19, that I lost saw the deceased alive on 4, 19, the causes and on the date stated above.
R ATTE			ACTUAL SIGNATURE OF THE SIGNAL M.D. STATE STORED
OSPITAL OF The retainer of the state of the	/		PHYSICIAN'S ROLE + TRITIQUE Y
may be FUNE poge 3 the reg		220.	BURIAL CREMATION, 27b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) (Stote)  SEALAN, White 2, 1959 Cedent Fill ameley Ritchie Hishway, Bella 25 yr
VS A15 (4) 15M 10/57		23. [	FUNIERAL DIRECTOR'S SIGNATURE ADDRESS



1 1				MARYL	.AND	STATE DE	PARTM	ENT OF H	<b>IEALTH</b>	I-BALTI	MORE, 1	8		_
				389	Item	13 File	TIFIC	ATÉ OF I	DEATH	4		Reg. Dist.	(138 No.	68
Page led will	Ī	, Pi	ACE OF DEATH COUNTY An	ne Arunde	el C	O. M	ARYLAND	2. USUAL RESI	DENCE (WI	nere deceased li	red. If institute b. COUNTY		before odmi	
eath.	Ī	b.	CITY OR TOWN (IF	outside corporate limit arest town)	ls, write	c. LENGTH OF S	TAY IN 1b	c. CITY OR	TOWN (IF	outside corporate	timits, write R			
p uno	$\vdash$	d	NIAME OF HOSPITA	y Park AL (If not in hospital, g	ive street	address)		,d. STREET	- 4/	Park			- IS 96	SIDENCE
by the day the			or institution 4 Fo:	rest Rd.						st Road	1		ON	A FARM?
illed in	3	D (T	AME OF ECEASED ype or print)	WALTE		E.	GILE	ERT 6	st	4. DATE OF DEATH	April		Day	Year 19 59
within etely fil	5	. \$E	x M	6. COLOR OR RACE	7. MARI		RCED			9.	AGE (In years last birthday) yrs.	IF UNDER 1	YEAR IF UNI	DER 24 HRS
executed and cample in papers, death.	1	0a	USUAL OCCUPATION	N (Give kind of work	lone 10b						<u> </u>	12. CITIZ	EN OF WHA	T COUNTRY?
			Crane	ng life, even if relired)		Chem.	Co.		timo		)			
as that the death certificate be ad by the attending physician a mit. Then please remove carbo any event within the hours after	1	3. F	ATHER'S NAME			Unknov	m	14. MOTHER'S		vamé a Engli	gh			
physicis move c hours c	- 6	5. V	VAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY		NFORMANT	-		Addi	ress		
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the o			420.1	IMMEDIATE CAUSE (o)		MAGAR	1	-1036-11	4166				6,00	57.
s thought			Conditions, if on	y, which ) (b)			/							
in. signec it pern nd in a			gave rise to im couse (a), stating the lying couse last.											
hysicio hysicio s Been strons val, o			PART II. OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERM	NAL DISEASE C	ONDITION GIV	EN IN PART I	PERF	ORMED?
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Hendi ifficati the		, E	IF EITHER, NOTIFY A	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER										
PHYSIC of ar of his cert use as emotion			Oc. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes	While	NJURY OCCURRED Not while	20e. PL fo	ACE OF INJURY I	(Home, form te bldg., etc	. 20f. (City or .)	town)	(Co	unity)	(Stole)
ospilio fler i di for			21. I certify the	at I attended the	deceas	ed fram	-1]	19.55	L, to	1-15-	, 19 <u>.5</u> 9	.,that I la	st saw the	deceased
END R: A ache buric			alive an	_11	, 12_	$5 - \frac{1}{2}$ and t	hat death	occurred at			he causes o			
be de la ro			ACTUAL CHI	MAKE R.	KIR	CPINA	1/	M.D	Este	ADDRESS (Stree	t, city or town.	slote)	4	ATE SIGNED
retained tAL DIR should b	4		PHYSICIAN'S NAME (Type)	harles A	), <u>/</u>	TECTE,	1/2/6	/		17	usil	ine!		1
HOSPI TOY BE FUNER age 3 s	2	20.	BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF	EMETERY O	R CREMATORY			N (City, lown, o		(SIc	ote)
may be a TO FUNER page 3 s	-	]	Burial "	4/18/59	}	Glan	Have	n Cem.	le: 45=		Burn	10, Mo		
VS A15 (4) 15M 9/S\$				DENNY, IN	IC.		ht st			D BY REGISTRAL PR 2 0 '59		strar's sign		
15W A\22	. =					Baltim			VALL IN					



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VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18
3892	CERTIFICATE	OF	DEATH	

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CERTIFICATE OF DEATH

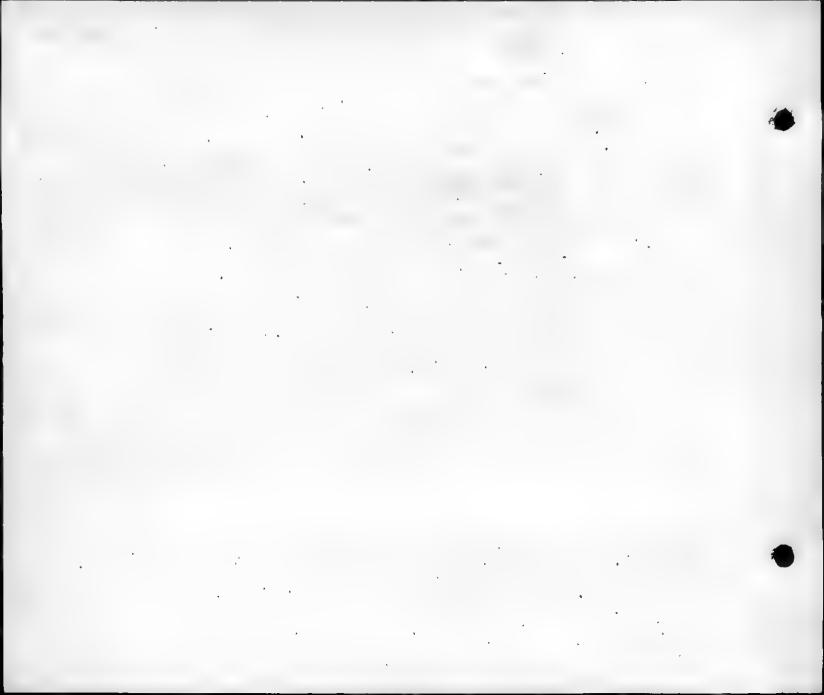
Reg. Dist. No.

1,	PLACE OF DEATH	2. USUAL RESIDENCE (V		If institution Resider	sce before odn	nission)
<u> </u>	a a Colonia MARYLAND	Mari	4.Conx	i llill	Cou	nig
L	b CITY OR TOWN (If outside corporate limits, write R. RAL and give pearest lawy) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	c. CITY OR TOWN (II	autside corporate ly	nile, write RURAL and	give negrest to	wn)
	d NAME OF HOSPITAL (If not in haspitall give street address) OR INSTITUTION	d STREET ADDRESS	m can	ATTICO C	ON	RESIDENCE I A FARM?
					YES	□ NO □
3.	NAME OF DECEASED (Type or print) (T) (MG):	LOUI	4. DATE OF DEATH	Month	Day //	Year 19.59
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED WIDOWED DIVORCED	8 DATE OF BIRTH		E (In years IF UNDER	Days Hou	
10	D. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU:	STRY 112 BIRTHPLACE ISIN	te ar foreign squalcy)		TIZEN OF WH	AT COUNTRY?
1	of during most of working life, even if ratifed)	Mary	lance	2 1	15	A.
13	FATHER'S NAME James Darker	14. MOTHER'S MAIDEN	NAME MA	nu?		
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 (17 yes, give wor or doles of service)	HEORMANT SUN	ner W	amb-7	illo	Md
F	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		V	07, 0.	INTERVAL	RETWEEN
	PART I. DEATH WAS CAUSED BY:	. 6200			ONSET A	DEATH
	MAMEDIATE CAUSE (a) CANALI //ETM.	rriega	*	·	700	7 5
		-dio - Vase	Var Die	1.00	1074	042-8
	gave rise to immediate Duc 70		V 7.7-	2 7 1	, , ,	
	couse (a), stating the <u>under-</u>   Due to     lying cause last.   (c)					
Z O	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PAR	IT 1(a) 19. WA	S AUTOPSY
S. A.						FORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D, (Enter nature of injury i	n Part I ar Part II af	item 18.)		
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while at work at wark	ACE OF INJURY (Home, fal ctary, street, affice bldg., e	rm, 20f. (City or tar	vn) (	County)	(State)
	21. I certify that I attended the deceased from 6 ct	1946, to A	-pril //	. 1959 .that I	last saw th	e deceased
	A \\.	occurred at 12:10	M, from the	causes and on t	he date sta	oted above.
	ACTUAL SIGNATURE Edward 9 Ments	м.о. 6 д эгл	ADDRESS (Street, o	oty or lown, state)	4.	12-59
	PHYSICIAN'S NAME (Type)					
220	BURIAL, CREMATION, 226, DATE THEREOF 226, NAME OF CEMETERY OF CEME	R CREMATORY	Chasi	Cify town, or country	e )7	901
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	V / 1 J / 1	C'D BY REGISTRAR	246. REGISTRAR'S SI	4. *	
1/1	MICKESLETIOS NOSKIX LUM	Carlo DATE A	PR 1 3 59	1	** million	



MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	
	OFFICIO A TE	OF DEATH	

	3860 CERTIFICATE OF DEATH Reg. Dist. 0.3870
	PLACE OF BEATH  O. COUNTY  O. STATE  2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)  O. STATE  D. COUNTY  D. COUNTY
	b CHY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If no) in hospital, give street address) OR INSTITUTION OF THE DERAL HOSPITAL 3244 VALLEY DRIVE (ON A FARM?) YES [] NO DE
	NAME OF DECEASED Thiris To BOURN Middle Gray OF DEATH TO 1959
5. :	SEX 6 COLOR OR RACE 7. MARRIED NIEVER MARRIED 8. DATE OF BILLIN 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min
	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  HOHE  HUSEWIFE  HARYLAND  12 CITIZEN OF WHAT COUNTRY?
	JAMES E. OSBOURN MARY PALAGANO
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANY If yea give wor or dates of service) If yea give wor or dates of service)  Address  LYBE E. GRAY  Address
Z	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Unit would like a line of the county of the co
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED?  YES NO
	20a ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I at Part II of item 18)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a.m.  P. m. 19 of work of twork of work of two discounts of two
	21. I certify that I attended the deceased fram. 7 - 5 - 195 , to 7 - 0 - 195 , that I last saw the deceased alive an 195 , and that death accurred at 5 / 7 M, from the causes and on the date stated above.  ADDRESS (Street, city or town, state) DATE SIGNED
	PHYSICIAN'S Frank M. Shipley annapolis, and
220	BURIAL GREMATION, 226 DATE THEREOF 20 NAME OF CEMETERY OF GREMATORY 220 LOCATION (City, Jown, or county) (Stoley)  SHRIAL (Specify)  RELING ON DATIONAL HILLING TON UA-
相	FUNERAL DIRECTOR'S SIGNATURE  AND INTERPRETATION OF SIGNATURE  ONE APR 1 3 '59 CIVING & Trans



DIRECTOR

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death certificate assembly

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24 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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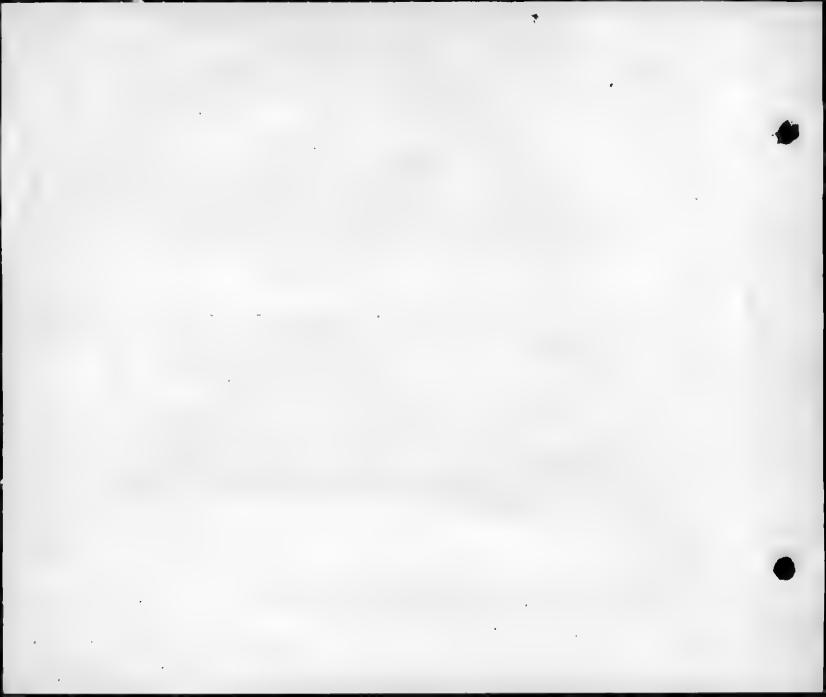
Reg. Dist. No..... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTERSTON Anne Arundel Same COUNTY MARYLAND STATE (If outside corporete limits, write RURAL LENGTH OF STAY (It outside corporate limits, write RURAL and give neerest town) end give nearest town) (in this place) TOWN TOWN Same 30 years Glen Burnie HOSPITAL OR STREET (If rurel give location) INSTITUTION OF ADDRESS STREET ADDRESS Purnace Branch Rd Samo 3. NAME OF (Middle) 4. DATE (Month) (Year) (Day) THE RESIDEN (Type or Print) Samuel Judas Grzech 1959 7. SINGLE, MARRIED, WIDOWED, DIVORCED. 6. COLOR OR B. DATE OF BIRTH 9. AGE fest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours (Specify) 10/27/91 67 Married 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if COUNTRY? Retired merchant USA. Baltimore, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sophia Jik John Grzech 17. INFORMANT & ADDRESS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no. or unk.) (If Yes, give wer or detes of service) Mrs. Florence Grzech (wife) 217-32-9675 INTERVAL BETWEEN S. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Cercinoma of Liver 2 years. **EMMEDIATE CAUSE** (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO T YES | 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, 2fc. WHERE DID INJURY OCCUR? (City or town) (State) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY street, office bldg., etc.) 21d, TIME OF INJURY (Month) (Dey) (Yeer) 21e. INJURY OCCURRED 211. HOW DID INJURY OCCUR? Not white et work 22. I hereby certify that I attended the deceased from May 1958 19 to April 2rd 49 59 that I last saw the deceased alive on...4/2/59 ADDRESS (Street, city, town, steta) DATE SIGNED Glen Burnie, Md. LOCATION (City, town, or county) NAME OF CEMETERY/OR CREMATION BURIAL, CREMATION, (Steta) REMOVAL (SPECIEY) 24. REC'D BY REGISTRAR DATE APR 9



2007	1	irector	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with	(
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)	may be retained the haspital ar attending physician.	2	Q,	-

VS A15 (4) 15M 10/57

			STATE DEPA	RTME	INT OF H	EALTH	1—BAL	TIMORE,	18	000	מלונ
	389	14	CERTI	FICA	TE OF D	EATH	4		Reg. Dist. I	4	372
1. PLACE OF DEATH o. COUNTY Anne A	22 m d o 7		MARY	LAND	2. USUAL RESIDE	DENCE (WI	nere decease	d lived If institu		efore admi	ission)
b. CITY OR TOWN (	If outside corporate limi	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR 1	OWN (If o	outside corpo	orate limits, write	RURAL and give	nearest lov	wn)
RURAL ond give n Harness C					-	ral		apolis			
d NAME OF HOSPI	TAL (If not in hospital, o	Ive street o	oddress)		/d. STREET A	odress rness	Creel			ON	ESIDENCE A FARM?
3. NAME OF DECEASED	Fi		Middle		Los		4. DATE		onth	Day	Year
(Type or print)	WESLE	_	J HAGOO				DEATH	G.	RIL 27		19 59
5. SEX			IED NEVER MARRIE	ED 🔲 🌡	. DATE OF BIRTI	4		9. AGE (In year lost birthday)	Months Day		1
Male	White	WIDOWE	100-m	_	April 1			87 ym			
10a USUAL OCCUPATION during most of wor	king life, even it relifed	1 ] _		R INDUST	RY 11. BIRTHPL	ACE (State	or foreign c	ountry)	12. CITIZEN	OF WHA	T COUNTR'
Farm labo	orer		Dairy Farm			nness			US	A	
	II 1				14. MOTHER'S		NAME				
	Unknown er in u. S. armed for	CEE2 IV	SOCIAL SECURITY NO.	137 101	FORMANT	known					
NO or unknown)	{II yes, give wor or dates of s	ervice)	nknoun	Mr.		Hago	od- Sc	on - same	dress	2	
PART I. DEA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  LINERYAL BETWEEN ONSET AND DEATH ONSET AND DEATH									BETWEEN D DEATH	
Conditions, if a gave rise to i cause (a), stating lying cause last.	mmediate (	. (	2 feris	cli	nti	e C	anti	e l'arc	ntadise	k of	-41
PART II. OTI	HER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION G	IVEN IN PART 1(0	PERF	ORMED?
20g. ACCIDENT WAR OR CONTRIBUTING	AS UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	RISE HOW INJURY OF	CCURRED.	(Enter nature of	injury in I	Part I or Par	t II of item 18.)			
20c. TIME OF INJUI Hour a.m. p.m.	RY Month, Day, Yes	While	JURY OCCURRED Not while of work	20e. PLA( focto	CE OF INJURY (I ory, street, office	tome, form bldg., etc.	20f. (City	or town)	(Coun	ly)	(State)
21. I certify that I attended the deceased from 4/2 7 54, 19 to 4/2 1/54, 19 that I last saw the decease											
alive on 4	h	, 19	and that	death (	occurred at	,	_M, from	n the causes treet, city or town	and on the o		ted above
ACTUAL SIGNATURE	ACTUAL MAN TOMAN										
PHYSICIAN'S NAME (Type)	Maurice F	. Kla	wans MD		_31_Sc	uthge	ate.Av	eAnns	nolis	Marul	and
270 BURIAL CREMATIC	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C						22d. LOCA	TION (City, town,	or county)	(Sto	
REMOVAL (Specify)	A LAPACE NI	, 1959	То				Roger	sville,	lawkins	Co.	Tenn.
23 PUNERAL DIRECTOR	S SIGNAPIERE	end !	ADDRESS				BY REGIST	RAR 246 REG	ISTRAR'S SIGNA	TURE	
HOPMAN	FUNTBALL H	0.17.77	Annanolis	Mo	baa [ma	DATE AF	PR 29'	59	Irilan 9 4		



W/	MARYLAND STA	ATE DEPARTME	NT OF HEALTH-BAL	.TIMORE, 18	e the en		
· Don areas	DO MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE OF	DEATH (13	873		
FOR STATE HEALTH DEPT.				Reg. Dist. No.			
HEALIN DEFT.	PLACE OF DEATH  o. COUNTY			ed lived. If institution, Residence before	admission)		
ogo se	Anne Arundel	MARYLAND	o. Stateryland	b. COUNTY	V		
Poger Health	CITY OR TOWN (If outside corporate limits, write RURA), end give necrest fown)	LENGTH OF STAY IN 15	c. CITY OR TOWN (IF outside corp	corate limits, write RURAL and give near	est town)		
ا م ا م	Severn	3weeks	Baltimore	3 Va1. +			
ord ord	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	give street address)	d STREET ADDRESS		IS RESIDENCE		
Bo Bo	Route 2 Box 54		1416 Carroll St	treet	YES NO		
lay une loin late	3. NAME OF First	Middle	Lost 4 DATE	Month Doy	Year		
or de la company	(Type or print) Annie Halloway		OF DEATH	April 19th.	19 59		
9 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   B	DATE OF BIRTH	D AGE ILLINIDED TYPE DITE			
ma writ	F C WIDOWED	DIVORCED [	?	iest berhdoy)  45 yrs. Months Days H	ours M'n,		
在 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign co		VHAT COUNTRY?		
200,20	How	sework	Columbus, S.C.	USA	USA		
2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME				
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Georges Bowman		Ada Smith		-		
A house	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes, no, or unknown) [ (If yes, give war or dates of service)	TAL SECURITY NO 17. IN	ORMANT	Address	~ ~		
ith G.		2-26-5412	frs. Ruth Jackson	(daughter)			
E S S S S S S S S S S S S S S S S S S S	18. CAUSE OF DEATH [Enter only one couse per line for (	(a), (b), and (c).]	<u> </u>	UNTERVA	. BETWIEN		
and	PART I. DEATH WAS CAUSED BY: COPOR	nary Occlusion	1	ONSELA	Sudden		
is i	L+ . ) . / DUE TO						
FERT S	Conditions, If any, which) (b)						
# 8	gove rise to immediate cause ( (a), stating the underlying DUE TO				~		
in i	couse last.						
ing xon xon offo	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0) 19.	WAS AUTOPSY		
em em	PART III. OTHER SIGNIFICANT CONDITIONS CONTR			YES	PERFORMED?		
be c	<u> </u>	OW INJURY OCCURRED (En	er noture of injury in Part I or Fort it	of item 18 )			
M. Mero							
short of the	20c. TIME OF INJURY Alonth, Day, Year 20d. INJU Hour o. m. While of work F	RY OCCURRED 25e. PLACE	OF INJURY (Home, form, 20f. (City y, street, office bidg., etc.)	or lown) (County)	(State)		
NEW TO THE TO TH	Hour o.m. While of work [	Not while desired	y, street, diffice bidg., etc.)				
Military of the state of the st	21. I certify that I took charge of the rem	ains described above	e, held an Autopsy 🗍 . In	spection 🛣 Inquiry 🖫	ond in my		
and the state of t	opinion death resulted from: Natural course						
P S S S S S S S S S S S S S S S S S S S			4	and the state of t	u		
FDICAL FOR CALL	ACTUAL GUSLAND KA	welleath	CHIEF MEDICAL EXAMINER	D	ATE SIGNED		
ry MEI the ca d be fo RAL Di esigno		-	ASSISTANT MEDICAL EXAMINE	· 🗆			
Hd b	EXAMINER'S NAME (Type) Gustave H. Faubert.M	LD.	DEPUTY MEDICAL EXAMINER	1 //19/59			
Second Se	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c	NAME OF CEMETERY OR C		ION (City, town, or county)	(Slote) /		
0 2 4 0 9	MMOVAL (Specify) 4-23-59 1	At. Calin	of Cem Cu	1 me 1 1dillo -2	uch.		
H H	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS, COO	240. REC'D BY REGISTI	RAR 246. REGISTRAR'S SIGNATURE			
VS. A15ME 5M 2/57	Chall alles	1 Grand	Con 3 DATE APR 21	159 while & Dhaw	4		
			- /				



leath. Page 4

TO HOSPITAL OF ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs a may be retained. The haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the a page 3 shauld be detached far use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 shout the registrar prior to burial, cremation, or remayal, and in any event within 72 hours/offer death.

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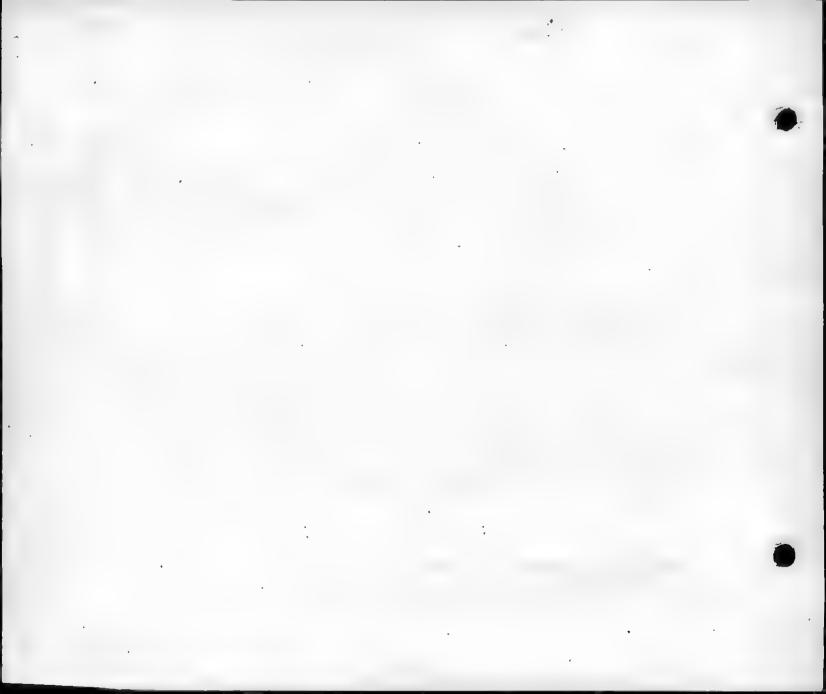
VS A15 (4) 15M 9/58

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3861

**CERTIFICATE OF DEATH** 

()3874 Reg. Dist. No.

_															
1,	PLACE OF DEATH o. COUNTY	6. 3.7		MAD	VI AND		UAL RESIDEN	,			UNTY				on)
Anne Arundel MARYLAND					Maryland Anne Arundel c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)										
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					c.			utside carpo	orate limits, 1	vrite RU	RAL and	Bive ne	arest town	1)	
Annapolis						X	Edgewa								
	OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d.	STREET ADD	RESS						e. IS RES	FARM?
Anne Arundel General Hospital						J								YES W	NO N
3.	NAME OF DECEASED	Firs	it	Middle			Last		4. DATE OF		Month		Do	y .	Year
	(Type or print)	William	William_		Marvin		desty		DEATH			pril 2		2 19 59	
5.	SEX	6 COLOR OR RACE	7. MARR	IED NEVER MARR	ED 🔲	B. DATE	OF BIRTH			9. AGE (In last birt)	years !	F UNDER	Days	IF UNDE	R 24 HRS Min.
L.	Male	Caucasian	WIDOWE	D DIVORCE	ED 🔲	anr	il 3.	1195	1882	77	yrs	MOUNTS	Days	naurs	Min.
10	<ul> <li>USUAL OCCUPATIO during most of working</li> </ul>	N (Give kind af work o	lone 10b.	KIND OF BUSINESS (	OR INDUS	STRY 11	I. BIRTHPLACI	E (State o	or foreign c	овиту)		12 CIT	IZEN O	WHATC	OUNTRY?
	Farmer			attle Farm	ing	_	Maryla	nd					U.S.	A .	
13.	FATHER'S NAME					14. /	MOTHER'S MA	AIDEN N	AME						
	William	Henry Hard	estv				Ella	Virg	inia	Johns	on				
15	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO	). It	NFORM					Addre	ss			
1,,,	es, no, or orienders)	r yes, gave wor or duties or se		7-30-4202		Ed	ith Ha	rdes	tv			Edge	wats	ייו	
	18. CAUSE OF DEA	TH Enter only one co		/		1		_	-					ERVAL DE	TWZEN
	PART I. DEATH WAS CAUSED BY:								ON:	FTAND	DEATH				
	507.0.	IMMEDIATE CAUSE (a)  DUE TO		COV-V-			-						-/-		
	Ganditians, if ony, which gave rise to immediate (														
	couse (o), stoting the <u>under-</u> lying couse lost.														
z	Part If Other Significant Conditions Contributing to Death but not related to the terminal disease condition given in part 1(a) 19. Was autopsy														
100	Take to Oth	EK SIGIAILICATAL COM	7/11/0143 <u>-</u> C	ONTRIBUTING TO DE	AIII DOI	14C/I KI	LUNICO TO TI	IE I GRAMIF	AMT INIST VO	it COI4DII C	AN OITE	IA IIA LWI	PERFORMED?		
Š	200 ACCIDENT WAS	HAIDERI VINIC (T)	OUT DESC	CRIBE HOW INJURY O	VC(1100E)	D. (E-1-	ture of in	Lucia en B	tost Las Par	t II of item	IR 1			YES	NO T
MEDICAL CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH MEDICAL EXAMINER)	200. DESC	KIDE HOYY INJURY C	CCOKKEL	D. (Ente	r nature ar in	ęury in r	an jar rai	n n or meni	10 1				
3	20c TIME OF INJURY	Month, Day, Yea		NJURY OCCURRED	20e. PL/	ACE OF	INJURY (Hor	ne farm,	20f. (Cit	y or town)		{	County)		(State)
4ED	Haur o. m.	19	While of war	Nat while	100	ctory, si	reet, office bl	ag., erc.)	1	-					
~		at I attached the		11 (1)	2		10	. (	1/2 2	1	57.		,	41 1	
		at I attended the	deceds			/	1/2	1/05	1,						eceased
	alive an	J. 1	12	and that	r aearn	accu	rred at	797	M, fram	the causi treet, city ar	es and	an th	e date	sigle:	i abave.
	ACTUAL (	0.0-	01	KVIDER			1110	A .				TOTO :		16	2/10
	SIGNATURE	recen	7	^		M.D	19-1	_ ~	I MC	ORAG	، د		3	2/12	
	PHYSICIAN'S	ICHAR	0 1	A PERIO	-A		And	14	POL	11 . 4	M				
20	NAME (Type)		, ,	reele											
22	BURIAL CREMATION REMOVAL (Specify)			22c. NAME OF CEM						TION (City,		county)	21	(Stat	
22	FUNERAL DIRECTOR'S	April 25	195		<u>coln</u>	Gem				densb		RAR'S SI	-	ylan	.d
23				ADDRESS			24	io. REC'D	BY REGIST	1 246 59		RAR'S SI	1 -		
L	Honring Fu	reral Home		172 West			Di	ATE PAP	19 40 1 1		-		7 47.00	<b>~</b>	
				Annapo	lis	Md.									



may be retained the haspital ar attending physician.

TO FUNERAL DIF OR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directants page 3 shauld lie detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 shauld be filled with 7 the registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death. er death Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of TO HOSPITAL OF VS A15 (4) 15M 9/SS

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

3862 CERTIFICATE OF DEATH

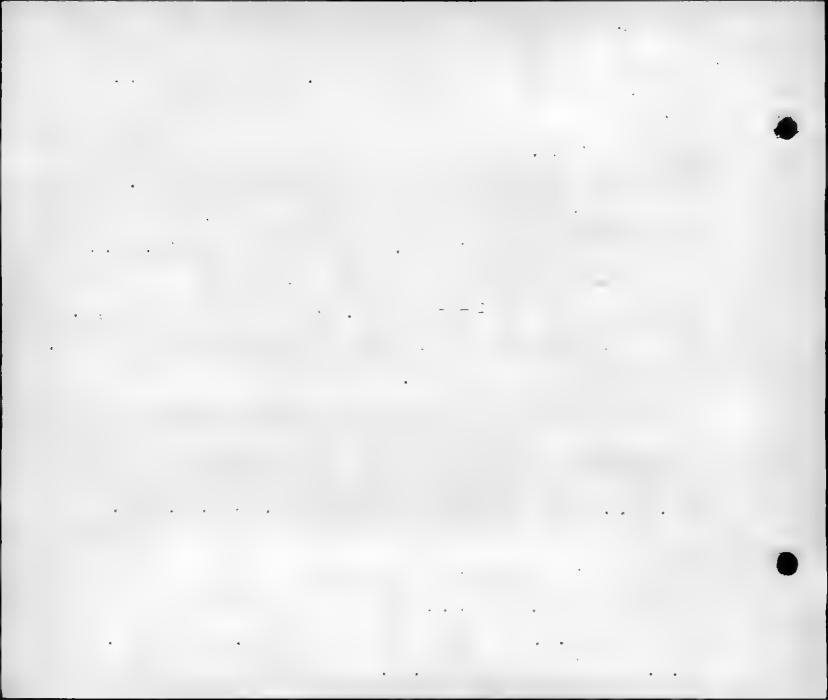
)F	HEALTH-BALTIMORE,	18	
)F	DEATH	D. a.	03875
		Keg.	Dist. No.

1	O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b OTT, OR TOWN (If outside corporate limits, write RUBAL and give nearest town)	c CUMOR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in pospital give street address) OR INSTITUTION THE STREET CONTRACTOR OF THE STREET CONTRACTO	13/4 M. Glen ave . is residence on a farm?
	1. NAME OF DECEASED (Type or print) Trances Olderson Hay	NSWOLL 4 DATE Month Day Year DEATH 4 28 1959
	Finale Office WIDOWED DIVORCED	8. DATE OF BIRTH  1-20-1904  9. AGE (In your IF UNDER I YEAR IF UNDER 24 HRS Age to be
L	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND OF BUSINESS OR	Chicago Ill 7, S.A.
	John J. alderson	Elinabeth Hagler
1	(f. s. g. ve war or dates at service)	relies De Hay nesworth (2)
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c)	allerence he like of Sign
	Conditions, if any, which (b)	1
	couse (a), storing the <u>under-lying couse lost.</u>   Column   Colum	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
012.4		PERFORMED? YES NO TELL (Enter nature of injury in Part I or Part II of item 18.)
716211		PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
	21. I certify that I attended the deceased from 1 444	th occurred at
	ACTUAL SIGNATURE ICH TO STEEL	ADDRESS (Street, city or lown, stote)  ADDRESS (Street, city or lown, stote)  DATE SIGNED
	PHYSICIAN'S NAME (Type)	ansa Cille
1	20 BURIAL CREMATION, 226. DATE THEREOF. 225 NAME OF CEMETERY May 1-59 all Hulls	or CREMAJORY 20 too, TION (City, town, or county) Store)
2.	Julian M. Sayler Suns Comaps	olis Med DATEMAY 4 '59 Cuthur S. Kraus

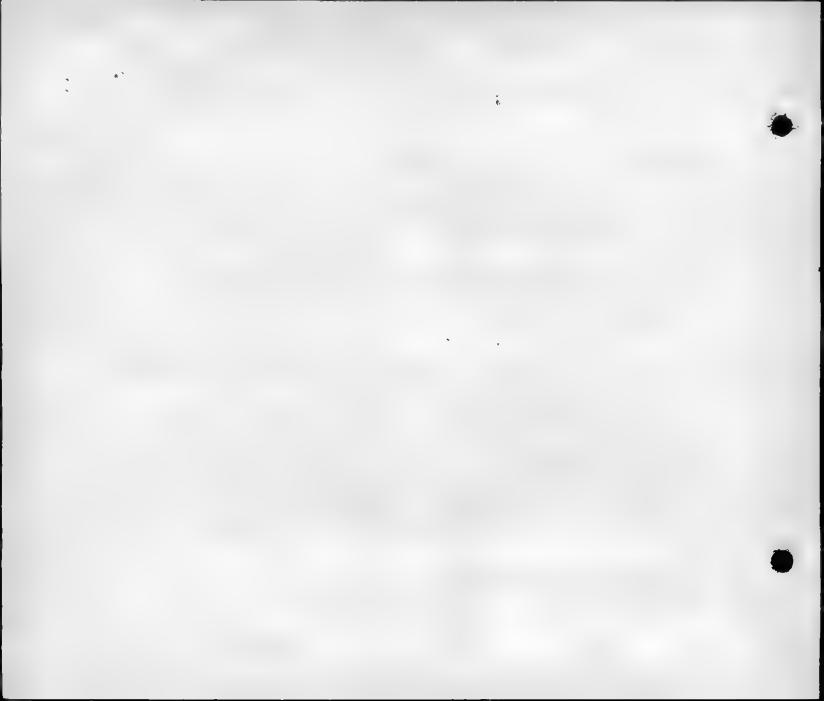
VS A15ME 5M 2/57 Item 20b Film MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03876

					KEY, DIST. 190.
1. PLACE OF DEATH o. COUNTAINS	Arundel	MARYLAND	2. USUAL RESIDENCE 0. STAMO	(Where deceased lived. If institution b COUNTY	A.A.
b. CITY OR TOWN ("f our and give negres) town)	side corporate limits, write BURAL	C. LENGTH OF STAY IN 16		(If outside corporate limits, write RU	RAL and give nearest town)
Severn		Few instants	Odento	ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT	_
d. NAME OF HOSPITAL	OR INSTITUTION (If not in h	ospilal, give street address)	d STREET ADDRESS	\$	e. IS RELIDENCE ON A FARM?
Clark_Sta	ation Rd.		Box 207 B	3	YES NO T
3. NAME OF	First	Middle	Lost	4 DATE Month	Doy Year
(Type or print) The Tana	Washing Haman			OF	
5. SEX 6	Eugene Honey	RED NEVER MARRIED [7] 6.	DATE OF RIBYH	April 10	th. 19 59 UNDER TYEAR IF UNDER 24 HES
				fost birthday) A	onths Days Hours Min.
Male	White WIDOW		./16/38	21 ym	
Oa. USUAL OCCUPATION during most of working li	(Give kind of work done 105-	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (SI	ole or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	ator at the Pl	astic Plant.	Bulledes	an, North Carolina	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Tiles 3- 77			70.2.2	de Unches	
Frank Ho		S. SOCIAL SECURITY NO. 17. IN	FORMANT	lie Hughes	
	yes, give war or dates of service)	020 06 1021		Address	
_No		203-36-4374 N	irs. Staline	Byrd (Sister) O	denton, Md.
18. CAUSE OF DEATH	Enter only one couse per lin	e for (o), (b), and (c).]		- 1	INTERVAL SETWIEN
PART I. DEATH	WAS CAUSED BY	Jen Neok Fracts	me of skull	and multiple lac	
V/ / / /		VOR HOCKSEL MC OF	He of Skor	r min warerbre ra	cera- Dunden.
1000 X	DUE TO				
Conditions, if any,	which) (b) tic	ms of face.			
(o), stating the und					
couse fost.	(c)				
Z PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TES	MINAL DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY
<u> </u>					YES NO TO
PRIMARY OF CONTR	WAS 20b. DESCRI	BE HOW WILLRY OCCURRED (E	n'er nolyte of injury in I	Port for Port 11 of (lem 18) When he lost co	ontrol of his.
	Dis &	tearing wheel	and hit tw	o poles, cutting	j"polēs in"half
3 20c. TIME OF INJURY	Month Day, Year 20d	INJURY OCCURRED [20e. PLAC	E OF INJURY (Home, fo	orm, 20f. (City or town)	(County) (Slote)
20c. FIME OF INJURY Hour o. m.	1/3//EG9 Wh		ry, street, office bldg., s		W.a
			k Station I		Md .
21. I certify that	t took chorge of the	remoins described abar	ve, held an Auto	psy , Inspection X,	Inquiry 101, and in my
apinion death re	sulted from. Notural	causes , Accident	🚺, Suicide 🔲,	Homicide, Undeterm	ined monner
	1 210		,		
ACTUAL (1)	ustive Ht	sucher Will	CHIEF MEDICAL	EXAMINER [7]	DATE SIGNED
SIGNATURE		23.4 4 4	_M.U.		
DEMONST				ICAL EXAMINER	
NAME (Type) G	ustava H. Faul		DEPUTY MEDICA		/59_
270 BURIAL, CREMATION, REMOVAL (Specify)		22c NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, town, or o	ounty) (State)
Removal	Apr. 16, 1959	Honeycutt Ce			le N. Carolina
23 SUNERAL DIRECTOR'S		SCY24-	240 RE		AR'S SIGNATURE
Wm. J. Tickr		Baltimore. Md.	DATE	APR 2 0 '59	MANUAL D. 18 MANUAL

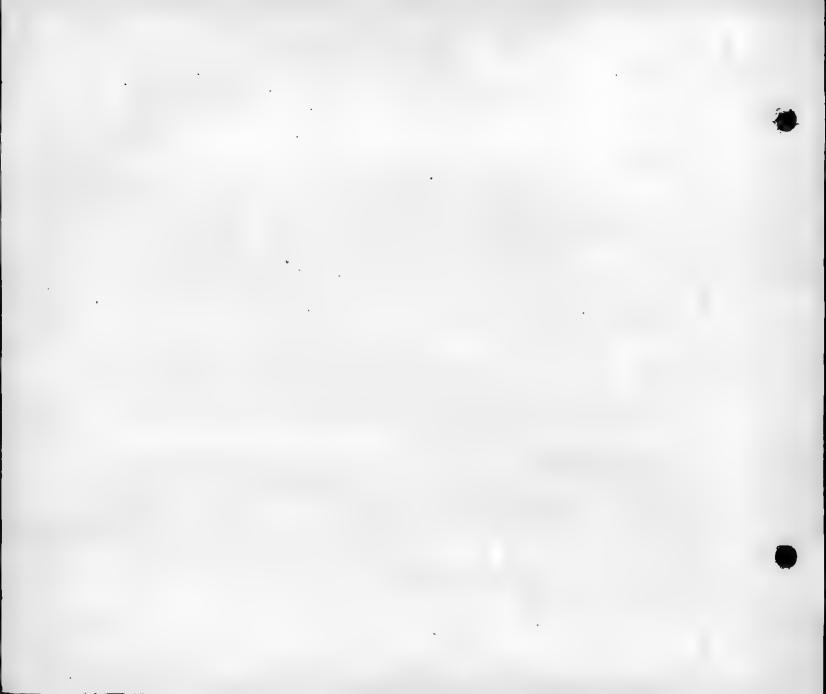


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Ttems CERTIFICATE OF DEATH 03877 Reg. Dist. No. director, 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY **b.** COUNTY ANNE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown) RURAL and give nearest fown) GIEN BURNIE d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 🖸 At Home NAME OF 4. DATE First Middle Month Doy Year DECEASED (Type or print) OMES GENT. Jackson DEATH 19 6. COLOR OR RACE 7 MARRIED LANEVER MARRIED S. SEX B. DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months. Hours DIVORCED [ Aug. WIDOWED | 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) LABOTER 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME SOCIAL SECURITY NO. 17 INFORMANT SIN - SaME 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. (c) PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🔀 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour a.m While Not while at work 🗌 al work 21. I certify that I attended the deceased from MIGAL 25 , 19/5, that I last saw the deceased and that death accurred at 3/30 PM, from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE ould by aug NAME (Type) 220 BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) L edur BURIA 9 ADDRESS . FUNERAL DIRECTOR'S SIGNATURE 24a. RECUD BY, REGISTRAR 246 REGISTRAR'S SIGNATURE DATE



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		det	-
	RECORP. Atter this certificate has been signed by the attending physician and campletely filled in by the creal director.	I be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with	rior to buriel, cremation, or removel, and in any event within 72 hours often death.

PART   DOTNESS   PART	AND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	<u> </u>		
AMAPTIAND  a. COUNTY    A. COUNTY   C. LENGTH OF STAY IN 16	V LERIIGILAGE DE DEALE	3863		
ADAME OF HOSPITTAL If not in hospital, give street address)   A STREET ADDRESS   ADAME OF HOSPITTAL IF not in hospital, give street address)   A STREET ADDRESS   ADAME OF DISTRIBUTION   ADAME OF BUSINESS OR INDUSTRY   117 INITIAPIACE (Stote or foreign country)   Months) Dory   Months   Do	STATE	( C. C. 6 22 , 12	g. COUNTY	[]
OR INSTITUTION OF AMERICA OF PACE OF THE COLOR OF PACE OF THE COLOR OF PACE OF DECEASED (Type or print)    James Deceased of The Color of Pace of The Color of The	In I writing i'll 1116.	tawn)	RURAL and give near	
DECEASED EVER IN U. S. ARMED FOXCESS   16. SOCIAL SECURITY NO.   17. INFORMANT   19. Majorally   19. Address   19.	ed street address)  I destruct ADDRESS ON A YES   VES    VES    VES    VES    VES    VES    VES	f not in hospital, give street address)	d NAME OF HOSPITAL	
DIVORCED	OF OF	· · · · · /	DECEASED &	3.
13. PARTHER'S NAME  14. MOTHER'S MAIDEN/NAME  15. WAS DECEASED EVER IN U. S. ARMED FOXCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  16. CAUSE OF DEATH [Enter only one couse per line for (g)/70), and (c).]  PART I DEATH WAS CAUSED BY.  Conditions, if ony, which gove rise to immediate couse [o], stoling the under. [to]  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS PERM OF CONTRIBUTING COURSED While Course for Mannish Dr. Year 20d. INJURY OCCURRED While Course, after the Course of Mannish Dr. Year 20d. INJURY OCCURRED While Of work of wor	Instruction   Instruction   Months Days Hours	14 . 6	5. SEX	5.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT  18. CAUSE OF DEATH [Enter only one course per line for (a). 70), and (c).]  18. CAUSE OF DEATH [Enter only one course per line for (a). 70), and (c).]  18. CAUSE OF DEATH [Enter only one course per line for (a). 70), and (c).]  19. PART I DEATH WAS CAUSED BY.  10. DUE TO  10. Conditions, if any, which  10. Conditions, if any, which  10. Garden Vascular Description  10. Conditions, if any, which  10. Garden Vascular Description  10. Conditions, if any, which  10. Garden Vascular Description  10. Conditions, if any, which  10. Conditions  10. Conditions, if any, which  10. Conditions  10. Cond	one 10b. KIND OF BUSINESS OR INDUSTRY 11 VBIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT	life, even if refired)	during most of workin	10
18. CAUSE OF DEATH (Enter only one couse per line for (9),76), and (c).]   18. CAUSE OF DEATH (Enter only one couse per line for (9),76), and (c).]   18. CAUSE OF DEATH (Enter only one couse per line for (9),76), and (c).]   19. PART I DEATH WAS CAUSE (8)	7-MED PARTY MAIDEN NAME	y June	MILLECO	13
PART I DEATH WAS CAUSED BY DUE TO  Canditions, if any, which gave rise to immediate couse [o], stoling the under DUE TO  Lying couse loss.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS PERFORMED OR CONTRIBUTING COURSED CONTRIBUTING COURSE CONTRIBUTING COURSED CONTRIBUTING COURSED CONTRIBUTING COURSE C				
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COUSE (a). Stating the under lying cause lost.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS PERFO YES 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 15 of item 18.)    200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 15 of item 18.)    200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 15 of item 18.)    200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 15 of item 18.)    200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 15 of item 18.)    200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 15 of item 18.)    200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 15 of item 18.)    200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 15 of item 18.)    200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 15 of item 18.)    200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 15 of item 18.)    200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 15 of item 18.)    200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 15 of item 18.)    200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 15 of item 18.)    200. ELING AND	Thyserkin-Cardia Vascelen Diserio 5 do	DUE TO JAYA	Canditions, if any	
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part t or Part II of item IB.)  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED work   20e PLACE OF INJURY (Hame, form, 20f (City or town) factory, street, office bldg., etc.)  21. I certify that I attended the deceased fram.	Cardeonegly & Myocarche Dange	diate under-	cause (a), stating the	
20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED While at work of twork of twork of two work	ITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS A PERFOI YES [			CATION
Hour a.m.  19 While of work of	Ob. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 15 of item 18.)	IDERLYING TO 20th DESCRIBE HO AUSE OF DEATH ICAL EXAMINER)		
alive on	While Not while factory, street, affice bldg., etc.)	While Na	20c. TIME OF INJURY Hour a. m. p. m.	MEDICAL
ACTUAL SIGNATURE SCORE Short Short M. M.D. 37 Calvert Short D. M.D. 37 Calvert Short M. M.D. 37 Calvert Short M. M.D. MANE (Type) Dr. T. HEUDOR & H. VONAISON (Mapple Mc)  220 BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY (SIGNAPORT) (City, Iown, of Gounty) (Signaport) (Signaport) Mc)		attended the deceased from		
PHYSICIAN'S DYT. HEUDORE H. VORMSON COMPOSITION (SINGLE MEDICAL SPECIAL SPECIA	Show 27 California DA	den Spon	1/	,
PREMOVAL (Specify) 4-15.54 (Snewer Still, Compapalis ma	2. D. H. I.L	T. HEUBORY	PHYSICIAN'S	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 240 REC'D BY REGISTRAR'S SIGNATURE	53/6-16-16-16-16-16-16-16-16-16-16-16-16-16	26. DATE THEREOF 220 A	20 BURIAL, CREMATION, REMOVAL (Specify)	22
11 Milyer AF Cx jun testill - 12 Will DATE PR 20 '59 Cothur 8 to	the still willed a supple a supple of	NATURE AD	3. FUNERAL DIRECTOR'S	23



YS A15 (4) 15M 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03879

3898 CERTIFICATE OF DEATH

		47	U	O
ten	Dist	M		

o. COUNTY			2. USUAL RESIDENCE (WH	ere deceased live		dence before od	mission)
Anne Arunde	el	MARYLAND	Merviend		Baltimo	ore City	r
	autside corporate limits, write	c LENGTH OF STAY IN 1b	C CITY OR TOWN (If a	outside carporate	limits, write RURAL on	nd give nearest t	lown)
RURAL and give ne		19yr.8mo.18da	s Baltimore		3 🗸	· · · · · · · · ·	
d. NAME OF HOSPITA	AL (If not in hospital, give stree	t address)	d. STREET ADDRESS				RESIDENCE
	State Hospits	1	698 Pierce	Street			N A FARM?
3. NAME OF DECEASED	First	Middle	· Last	4. DATE	Month	Day	Yeor
(Type or print)	Eleanor		Johnson	OF DEATH	4	7	1959
5. SEX		RRIED NEVER MARRIED	B. DATE OF BIRTH	9 4		ER I YEAR IF U	
Female	Negro	VED T DIVORCED	April: 15, 187	<b>'9</b>   "	79 yrs. Month	s Doys Hou	urs Min
10a. USUAL OCCUPATIO	N (Give kind of work done 105 ing life, even if retired)	. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPACE (Stole Maryla	ar fareign countr	y) 12.	CITIZEN OF WI	
		<del></del>				U.S.A	
James Jol	hnson		Rosa Jac				
15. WAS DECEASED EVER	IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17 IF	NFORMANT		Address		
			ospital Recor	ds	7100.111		
18. CAUSE OF DEA	TH [Enter only one cause per	line for (a), (b), and (c).]		***************************************		INTERVAL	ELTWEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Congestive He	art Failure			ONSELA	ND DEATH
4221	DUE TO						-
Conditions, if on	ny, which )	Arteriosclero	tic Cardiovas	cular D	isease		
gove rise to in	nmediate (						
lying cause last,	he under-						
	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVEN IN P	APT 1(a) 19 W.	AS ALITOPSY
CATIC						PEI	REGRMED?
PART II OTH	S UNDERLYING THE CAUSE OF DEATH MEDICAL EXAMINERS	SCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in F	Part I or Part II o	f item 18.)		
	·	INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form	20f ICity or 1	awal	(County)	(Slote)
20c. TIME OF INJURY Hour a. m. p. m.	While		tory, street, office bldg., etc	)		(County)	fainel
21. I certify the	at I attended the decea	sed fram 7/19			, 19 <u>59</u> ,that	I last saw ti	he deceased
alive an4/.	7	2, and that death	occurred at 7:05A.		e causes and an	the date st	
ACTUAL SIGNATURE	i Mullel	(4)		,	Hospital,	Md.	A/7/59
PHYSICIAN'S NAME (Type)	L. Menedict, M	. D.	Crownsvill	le State	Hospital,	Md.	4/7/59
220. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	22c NAME OF CEMETERY OF	R CREMATORY		(City, tawn, or county		Slote)
23 FUNERAL DIRECTOR'S		Mt. Auburn	la., 2551		ore, Maryl		
Charles	R. Lour 80	12 Madison	ANY DATE AP	BY REGISTRAR	Culling		
		· · · · · · · · · · · · · · · · · · ·		4 1		- Three -	



FOR STATE HEALTH DEPT ory, please or. Page our files. of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be exactled within 24 hours ofter death. If ony detoy is necessive the certification word "pending" in pendit in Item, 18. Give Poges 1, 2, and 3 to the function of the should be fast deat to the Chief Medical Examiner's Office olong with form PM3. Poge 5 may be retained form TO MUNERAL MIRECTOR: Page 3 should be used as a burial-transity permit. File poges 1 and 2 with the State Baard or its Testignated agent, prior to be id, cremotion, or removely and its my event within 72 bours after death.

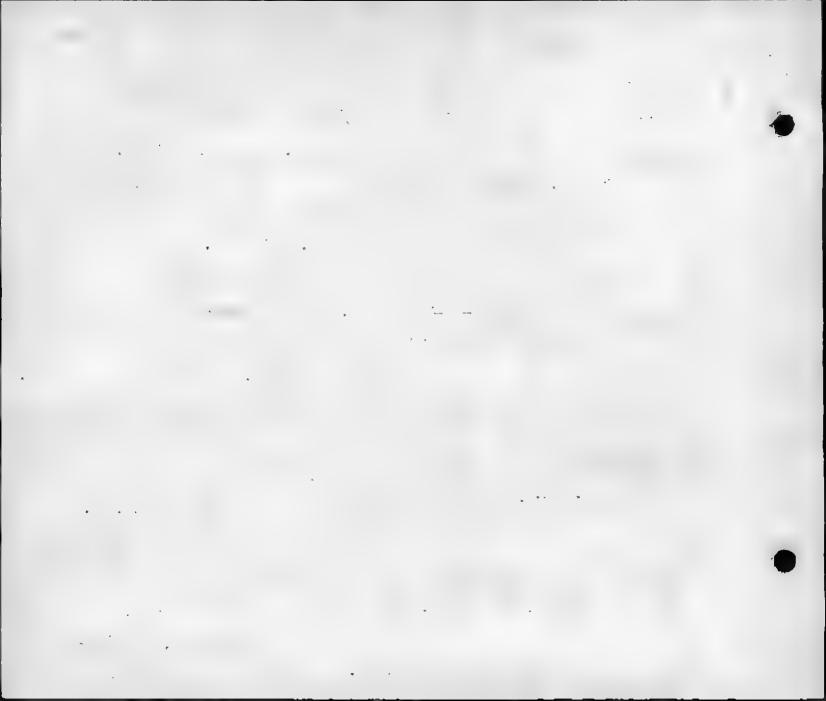
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VS. A15ME 5M 2/57

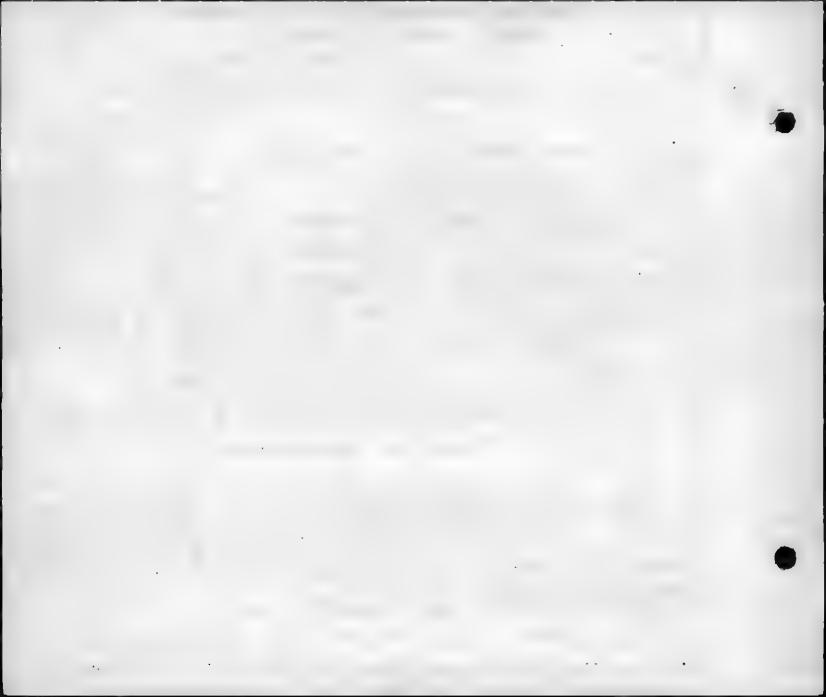
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()388() Reg. Dist. No.

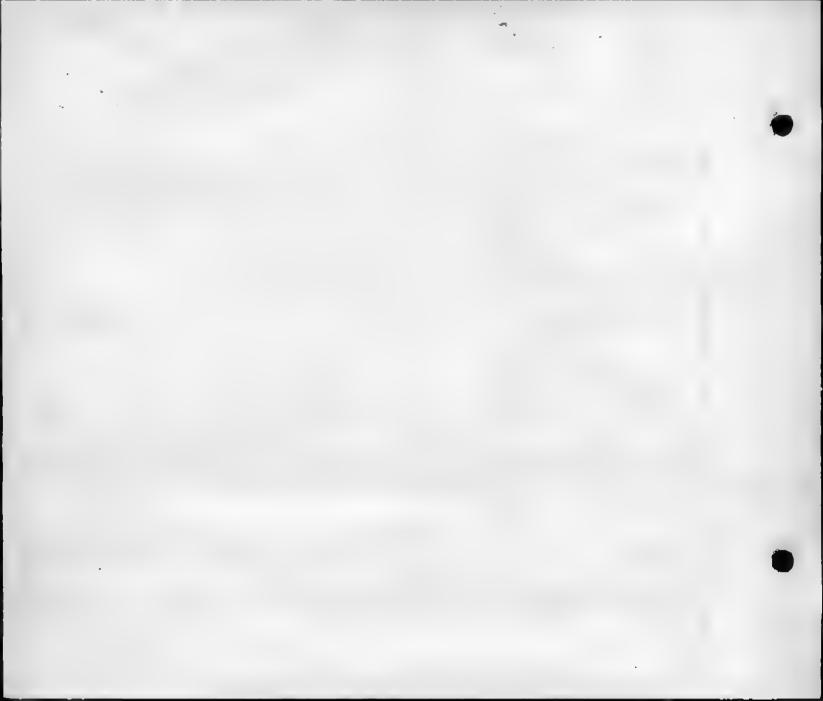
SALE CONTROL   COUNTY   Coun	- 1									
Anne Artinda   MARITAND   MARITAN						here decease			ce before od	mission)
C. CITY OR TOWN It tende corporate limits, write RURAL and give necrest town)		~		MARYLAND		d			1	
Committee   Comm	]	b.	CITY OR TOWN (Toutside corporate units, write EURAL and give negret town)	c. LENGTH OF STAY IN 15						lown)
Committee   Comm			Fort Meade	15 minutes	X /Severn C	dentor	1			
PORT   Medic   Modifie   Loui   Day   Yes   NOT		d	. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospilal give street address)	M STREET ADDRESS					
3. AAME OF DECAME POINTS  S. SEX O. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIETH   9. AGE (is year   1959)   1959   19		1	Fort Neede Hospital		V_Ave_ab	d Old	Annapol	is Rd.		
Comparison   Com		3, N	NAME OF First	Middle		4. DATE			Day	Yeor
S. SEX   S. COLOR OR RACE   7. MARRIED   NEVER MARRIED   11/8/42   9. AGE in-your   Months   11/8/42   16/6/mill   11/8/42   16/6/mill			Y	n			Annil	0 105	٥	19
No. USUAL OCCUPATION (Give kind of work done during most of working life, swen if reliefs)   No. USUAL OCCUPATION (Give kind of working life, swen if reliefs)   No. USA   No.		<b>5.</b> SI	EX 6. COLOR OR RACE 7. MAR	RIED T NEVER MARRIED TE 8.	DATE OF BIRTH		P. AGE (In years			DER 24 HRS
100. USUAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHHACE (Stote or foreign country)    10. USUAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHHACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. FATHER'S NAME   RUTUS   Johnson			Wilson				lost burthday)	Months D	ays Hours	Min
St. Paul Vs. USA   Id. MOTHER'S MAIDEN NAME   NAM		100	V 10			or foreign co	711.	12 (1712	EN ME WHA	T COUNTRY
13. FATHER'S NAME  RUTUS JOHNSON  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  NO  214-40-3953  Mrs. Mary Jane Johnson (mother)  18. CAUSE OF DEATH [Enter only one come per line for (e), (b), ond (c)]  PART I. DEATH WAS CAUSE BY:  Self inflicted wound to the right temple with  Conditions, if ony, which gover rise to immediate course (c), stoling the underlying (c)  FART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(c) 19. WAS AUTOPSY PEN ORMED?  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(c) 19. WAS AUTOPSY PEN ORMED?  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(c) 19. WAS AUTOPSY PEN ORMED?  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(c) 19. WAS AUTOPSY PEN ORMED?  PEN ORMED?  20c. EXTERNAL CAUSE WAS  PENNARY WOR CONTRIBUTING   20ct. Invited to contribute of injury in Port 1 or Port 10 of item 18.)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(c) 19. WAS AUTOPSY PEN ORMED?  PENNANCE OF DEATH.  WAS DISYABLE OF DEATH.  WAS DISYABLE (Figure 1) or Port 11 or Fort 11 of item 18.)  PENNANCE OF DEATH.  WAS DISYABLE (Figure 1) or Port 11 or Fort 11 of item 18.)  PENNANCE OF DEATH.  WAS DISYABLE (Figure 1) or Port 11 or Fort 11 or item 18.)  PROBLEM 1. CEMBER OF TOTAL DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(c) 19. WAS AUTOPSY PEN ORMED?  PROBLEM 2. CEMBER OF TOTAL BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(c) 19. WAS AUTOPSY PEN ORMED?  PROBLEM 2. CEMBER OF TOTAL BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(c) 19. WAS AUTOPSY PEN ORMED?  PROBLEM 2. CEMBER OF TOTAL BUT NOT RELATED TO THE TERMINAL DISEASE COND T			uring most of working life, even if retired)	. All to Or book and Or in book		_				ii coo.aixi
Rufus Johnson  15. WAS DECEASED EVER IN U. S. ARMED FORCES? I. S. SOCIAL SECURITY NO. IT. INFORMANT  NO 21440-3953 Mrs. Mary Jane Johnson (mother)  18. CAUSE OF DEATH [Enter only one cours per line for (e), (b), and (c)    PART I. DEATH WAS CAUSED BY: Self inflicted wound to the right temple with    Conditions, if any, which gove rise to immediate cause (e)    PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(e)    PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(e)    PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(e)    PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(e)    PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(e)    PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(e)    PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(e)    PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(e)    PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(e)    PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(e)    PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(e)    PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(e)    PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE							No.	US	A	_
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO 214-10-3953 Mrs. Mary Jane Johnson (mother)  18. CAUSE OF DEATH [Enter only one course per line for (e), (b), and (c)]  PART I. DEATH WAS CAUSED BY:  Self inflicted wound to the right temple with  DUE TO  Conditions, if ony, which gove rise to immediate course [c), storing the underlying [c), storing the u		13.		•						
18. CAUSE OF DEATH   Enter only one come per line for (o), (b), and (c)						me Joi	nson			gran tigan a
18. CAUSE OF DEATH   Enter only one course per line for (e), (b), and (c)			WAS DECEASED EVER IN U. S. ARMED FORCES? In on of unknown)     (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17, IN	FORMANT		Addres			
PART I. DEATH WAS CAUSE OF Self inflicted wound to the right temple with    PART II. DEATH WAS CAUSE OF SELF Inflicted wound to the right temple with   PART II. DEATH WAS CAUSE OF DEATH   DUE TO			No 2	14-40-3953 1	rs. Mary Jan	e John	nson (mo	ther)_		
PART I, DEATH WAS CAUSE (b)  DUE TO  Condition, if only, which gove rise to immediate couse (o), stating the underlying course lot.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I (o) 179, WAS ALTOPSY PERFORMEDY YES NO TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I (o) 179, WAS ALTOPSY PERFORMEDY YES NO TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I (o) 179, WAS ALTOPSY PERFORMEDY YES NO TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I (o) 179, WAS ALTOPSY PERFORMEDY YES NO TO CONTRIBUTING TO COUNTRY IN PART I OF PART II of item 18.)  WAS PLAYING WITH A PISTOL  20C. TIME OF INJURY Months Day, Year While Not while Of work To work	3		18. CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), and (c) ]					INTERVAL BET	YZEEN NEATH
Due to  Conditions, if ony, which gove rise to immediate couse    (c), stoting the underlying couse lost.  PART N, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(o) 19, WAS AUTOPY PERFORMED?  PERFORMED.  PERFORME	) [			elf inflicted wo	ound to the r	ight 1	temple w	ith	O PAGE I AND C	eça in
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying course lost.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I (o) 19, WAS AUTOPSY PERFORMED?  YES DO DESCRIBE HOW INJURY OCCURRED [Enler noture of injury in Part I of item 18.]  20c. TIME OF INJURY Months Dow, Year Hour p. m. 19/59 19 of work of work Home, of work of work how work of work how work of work how work of work how			4/90							_
DUE TO   Course   State   Course   Co			m - Pri 14 14 A	e 22 menuma miet	ol by accide	nt			35 m1	nutes.
PART H, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  200. EXTERNAL CAUSE WAS PRIMARY WO or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enler noture of injury in Part J or Part 15 of item 18.)  20c. TIME OF INJURY Month Day, Year Hour of Injury Month Day, Year Hour o. m. 1/9/59 19 20d. INJURY Month Day, Year Od. INJURY Month Day, Year Hour o. m. 1/9/59 19 20d. INJURY Month Day, Year Hour o. m. 1/9/59 19 20d. INJURY Month Day, Year Hour o. m. 1/9/59 19 20d. INJURY Month Day, Year Hour o. m. 1/9/59 19 20d. INJURY Month Day, Year Hour o. m. 1/9/59 19 20d. INJURY Month Day, Year Hour o. m. 1/9/59 19 20d. INJURY Month Day, Year Hour o. m. 1/9/59 19 20d. INJURY Month, Industry Month Day, Year Hour o. m. 1/9/59 19 20d. Injury Month Day, Year Hour o. m. 1/9/59 19 20d. Injury Month Day, Year Hour o. m. 1/9/59 19 20d. Injury Month Day, Year Hour o. m. 1/9/59 19 20d. Injury Month Day, Year No. Date Signed Day, Accident T. Suicide T. Homoide T. Inquiry T. and in my opinion death resulted from: Notural causes T. Accident T. Suicide T. Homoide T. Undetermined monner Date Signed T. Accident T. Assistant Medical Examiner T. Assis			gove rise to immediate couse	a er Banko bin	orion accorde					2240000
PART H, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(o) 19, WAS AUTOPSY PERFORMED? YES PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED (Enler noture of injury in Part 1 or Purt 15 of item 18.)  WAS PLAYING WITH A DISTOL.  WAS PLAYING WITH A DISTOL.  WAS PLAYING WITH A DISTOL.  WAS PRIMARY BY OF CONTRIBUTING DOWN AS AUTOPSY PERFORMED? YES NO 200. ELACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole)  HOUR D. m. /9/59 19 of work Described above, held an Autopsy Inspection Inquiry Inqui			fol' ground ive augerthind							
PERFORMED?  YES NO   20a. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING   Was playing with a pistol  20c. TIME OF INJURY Month Day, Year Park 19 of Notwile Not while Not while of work of wor		,	1-1-	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	ALAL DISEASE	COMP TION C	Wild IN DAST	1/-3/30 14/4	C II TORCY
20c. TIME OF INJURY Month Day, Vegr 20d. INJURY OCCURRED While Not while of work of work home, form, p.m., 19/50 19 While of work of work home, form, forther, street, office bldg., etc.)  21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined monner , Actual SIGNATURE		ĝ	PART II, OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO BEATH BUT IN	OF REENIED TO THE TERMIN	HAF DISEASE	COMP HON GI	FEIN IN EART	PERI	ORMED?
20c. TIME OF INJURY Month Day, Vegr 20d. INJURY OCCURRED While Not while of work of work home, form, p.m., 19/50 19 While of work of work home, form, forther, street, office bldg., etc.)  21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined monner , Actual SIGNATURE		ర్జ							YES [	NO 🝱
20c. TIME OF INJURY Month Day, Vegr 20d. INJURY OCCURRED While Not while of work of work home, form, p.m., 19/50 19 While of work of work home, form, forther, street, office bldg., etc.)  21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined monner , Actual SIGNATURE	J	TI.	20a, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING  20b DESCR	IBE HOW INJURY OCCURRED [E	iler noture of injury in Part	f or Port II o	of item 18.)			
20c. TIME OF INJURY Hour o. m. 20f. (City or lown) (County) (Stote)  Not white of work of work hour or work hour hour or work hour hour hour hour hour hour hour hour			CAUSE OF DEATH.	playing with a	pistol					
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Notural causes, Accident, Suicide, Homicide, Undetermined monner ACTUAL		Ž	20c. TIME OF INJURY Month Day, Year 20d	HIJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form,	20f. (City	or lown)	(Coun	ly}	(Stole)
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Notural causes, Accident, Suicide, Homicide, Undetermined monner ACTUAL		밁	10 m, 0, m, 0, m	HIS T 1401 MILIE T			Senton	A.A.	Md.	
opinion death resulted from: Notural causes, Accident			21. I certify that I took charge of the							ind in my
ACTUAL SIGNATURE  EXAMINER'S  NAME (Type)  Gustavo H. Faubart, M.D.  DEPUTY MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  270. BURIAL CREMATION, 123b. DATE THEREOF  PT. MOVAL (Specify)  1. (Stole)		П				Annual Control		,	Mary.	
ASSISTANT MEDICAL EXAMINER TO DEPUTY DE		П			U, porcide [], ,	TOTTTCTGC	L., Onder	strillied th	Office F	J
ASSISTANT MEDICAL EXAMINER TO DEPUTY DE			ACTUAL SIZE STANDER	Le Delle.	CHISE MEDICAL SY	A DATE OF THE			DATE	SIGNED
EXAMINER'S NAME (Type)  Gustave H. Faubert, M.D.  DEPUTY MEDICAL EXAMINER  1/10/59  220. BURIAL, CREMATION, 122b. DATE THEREOF  PLMOVAL (Specify)  1/10/59  (Stole)		Ш	SIGNATURE	,	_M.D.	-				
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. (OCATION (City, lown, or county) (Stote)										
REMOVAL (Specify)	10		Cub out o II - I du				4/10/	59	HI 199 Man	
U1100 i			PENOVAL (Specific	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	ION (City, lown,	or county)	(\$)	ote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR'S SIGNATURE			Burial 4/13/591	Temple I	1177	Cagt	Awand	Virg	inia	
		23	FUNERAL DIRECTOR'S SIGNATURE	interest	24o REC'E	BY REGISTR	AR " Y45, REG	ISTRAR'S SIGN	NATURE	
Hopping and Kirkley, Glen Burnie, Md.   DAMAPR 1 3 '59   Quilly & frame		Ho	pping and Kirkley, G	len Burnie. M	M. DATAPR	1 3 '59	ai	my & to	and the	



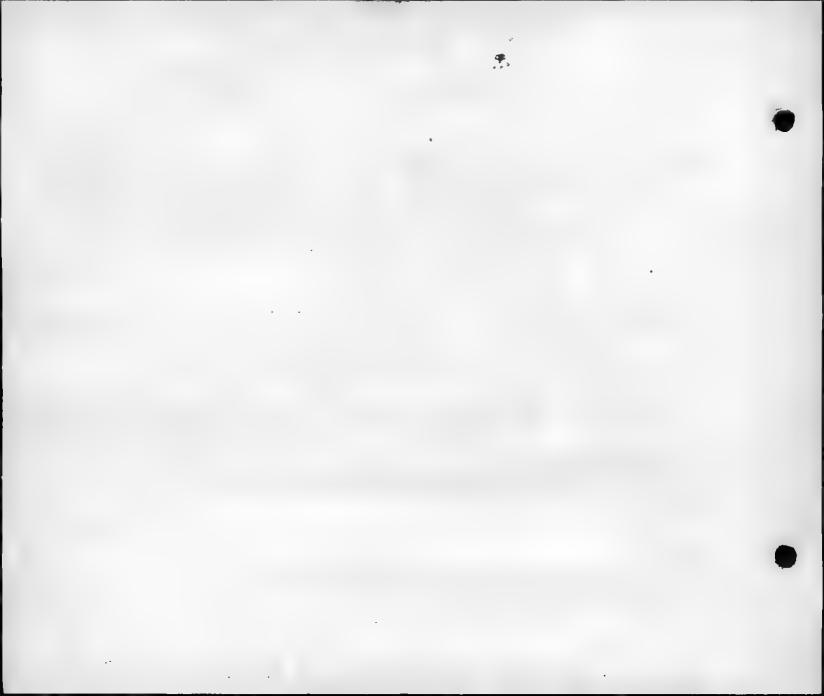
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3864 CERTIFICATE OF DEATH Reg. Dist. No. Page . director 1. PLACE OF GEATH 2. USUAL RESIDENCE (Where decamed lived / I institution: Pesidence before-partission) a. COUNT Filed a. STATE COUNTY MARYLAND 0 b. Offy OR TOWN (If outside corporate limits, write c. Car of c. LENGTH OF STAY IN 16 TOWN (If autsion carporate filmits, write RURAL and give nearest town) URAL and give neares) town) NAME OF DD RESS e. IS RESIDENCE ) NSTITU ON A FARM? YES 🔲 NO 🕼 NAME OF DATE Year DECEASED OF DEATH (Type or print) 195 RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min. DIVORCED | WIDOWED [7] Sapers USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during frost of working life, even if restricted) BIRTHPLACE (Stole or fpreign coun 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME MOTHER'S certificate IN U. S. AKWED FORCES? SOCIAL SECURITY NO. INFORMA Address ending 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c, TIME OF INJURY 20e PLACE OF INJURY (Home, farm, 20f (City or lawn) Day, Year 20d. INJURY OCCURRED (County) (State) Hour a.m. factory, street, affice bldg., etc.) While Nat while ol wark at work 21. I certify that I attended the deceased from \_\_,that I last saw the deceased alive an and that death occurred at a. M. fram the causes and an the date stated above. ach **DATE SIGNED** ACTUAL SIGNATURE prid shauld O FUNERAL | page 3 shaul PHYSICIAN'S NAME (Type) BURIAL CREMATION. 22b. 22C NAME OF CEMETERY OR CREMATORY 22dr.LOCATION (City, town, or county) 4 (State) NERAL DIRECTOR'S SIGNATURE 24g. REC'D 8Y REGISTRAR 20K REGISTRAR'S SIGNATURE VS A15 (4) DATE APR 2 2 '59 15M 10/57



MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
3902	CERTIFICATE	OF	DEATH	20

()3884 Reg. Dist. No. CERTIFICATE OF DEATH

							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	wirit (10)		
1. PLACE OF DEATH o. COUNTY	Δ	MARYL	- 11	2. USUAL RESIDENCE (	Where deceos	ed lived. If inst b. COU		ience before	e admiss	ion)
b. CITY OR TOWN	(If autside carporate limits, write	c. LENGTH OF STAY I		c CITY OR TOWN [	If outside corp	orate limits, wri	te RURAL on	d give near	rest fawr	1)
RURAL and give in	=RA Beach	Yrs.		X RIVIEW	· ·	,				•
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, give stree			d STREET ADDRESS				•	. IS RES	IDENCE FARM?
	MAGIN & C	enoll Rds		Main						NO [2]
3 NAME OF DECEASED	First	Middle		Lost	4. DATE OF		Month	Day	,	Year
(Type ar print) 5. SEX	AUGUST	Joseph		LABER	DEATI		4 -	10-		ا لا لا ا
J. SEX /1	6 COLOR OR RACE 7. MAI	RRIED   NEVER MARRIEI WED   DIVORCED	_	3-19-7	5	9. AGE (In yellas) birthdo	yrı Month	Days	Hours	Min
100 USUAL OCCUPATION during most of wor	ON (Give kind of work done 10trking life, even if retired)	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (SIG	ate ar fareign	country)	12. 0	CITIZEN OF	WHAT	COUNTRY?
Sh.Y. A	Decorator 9	eff		Germa	24			US		
13. FATHER'S NAME				14 MOTHER'S MAIDER	N NAME					
UNKNO	<u> </u>			しんだい	nwo					
15. WAS DECEASED EVE [Yes, no. or unknown)	ER IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)	S. SOCIAL SECURITY NO.		ORMANT			Address			
NU				FAMILY			ume			
	ATH (Enter only one cause per	line far (o), (b), and (c) ]			,			INTER	RVAL BE	JWEEN DEATH
PARTI, DE	ATH WAS CAUSED BY. IMMEDIATE CAUSE (0)	cute pu	den	mary &	des	LA		5.	110	uss-
4- 20	DUE TO	4.	1	10 1		11	,	1		
Canditions, if a	mmediate	esiozearo	tel.	Carala-7	Ballel	M. Alex	are	10	4	ears
cause (a), stating lying cause last	the under-	solsa na		has no	1. il.	1		9	411	and
	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TER	PMINAL DISEA	SE CONDITION	GIVEN IN P.	APT 1(n) 176	WAS	AUTOPSY
PAMT II. OTI	non	_							PERFO	RMED?
200. ACCIDENT W		SCRIBE HOW INJURY OC	CURRED	(Enter nature of injury	in Parl I ar Pa	irt il af item 18 ;	)			
		INJURY OCCURRED	Me. PLAC	E OF INJURY (Home, fo	arm. 20f (Ci	ly pr tawn)		(County)		(State)
20c. TIME OF INJUI Hour a.m. p. m.	While		facto	ry, street, affice bldg.,	efC )			(00011))		(orare)
21. I certify th	nat I attended the decea	sed fram afril	2	- 1954 106	Uful	10.19	59,that	I last say	w the	deceased
alive an A	red 10 , 19.	59 and that	death a	ccurred at 7:10	P.M. fra	m the cause	s and an	the date	e state	ed abave.
	74 400	///-				Street, city or to				ATE SIGNED
ACTUAL	M.Me Huy	Men	м	o. 15150813	1442	- Taley	WAR D	Ulle le	fee	10.195
PHYSICIAN'S NAME (Type)	P.M. Mc La	ughlin		*****						
220. BURIAL, CREMATIC REMOVAL (Specify	ON. 226. DATE THEREOF	1 HO Ly PEC	4			ATION (City, tov	n, or county	) MC	(State	•)
23 FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	/	24a. RE	C'D BY REGIS		EGISTRAR'S			
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VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03885

**CERTIFICATE OF DEATH** 3865

Reg. Dist. No.

Anne Arundel  b. CITY OF LOWIN	1	1. PLACE OF DEAT	H				2. USUAL RES	IDENCE (W	/here deceases	lived If institut		e before a	dmission)	
B. CHY OF TOWN If outside corporate limits, write RUBAL and give interest flows)  Annerolis  Anterolis  Annerolis  Annero			ne Arundel		MA	EYLAND		Marvla	and	B. COUNTY		Arund	el	
d. NAME OF HOSPITAL (If and in hospitals give street oddress)  Anne Arundel General Hospital  Anne Arundel General Hospital  Treadway Maryland Inn  On A Family  Anne Arundel General Hospital  Treadway Maryland Inn  On A Family  Anne Arundel General Hospital  Treadway Maryland Inn  On A Family  Anne Arundel General Hospital  Down Indiana  Anne Arundel General Hospital  Down Indiana  Anne Arundel General Hospital  Down Indiana  Service Arundel General Hospital  Down Indiana  Down Indiana  Anne Arundel General Hospital  Down Indiana  Service Arundel General Hospital  Down Indiana  Down		b. CITY OR TOV	VN (If outside corporate lim	nits, write	c. LENGTH OF STA	AY IN 16								
OR INSTITUTION  Anne GY DECASED  THE Mode  Treadway Maryland Inn  Tr														
Anne Arundel General Hospital  Treadway Maryland Inc.  Day Year  Manual Call Section 1 2/, 19 59  A ACE (in year Markle Under 1 2/, 19 59  A ACE (in year Maryland Inc.  Treadway Maryland Inc.  Day Year  Yes   No   10 1 19 59  The Ace (in year Maryland Inc.  Day North Inc.  Treadway Maryland Inc.  Day Year  Yes   No   10 1 19 59  A ACE (in year Maryland Inc.  Treadway Maryland Inc.  Day North Inc.  PACE (in year Maryland I	1	d. NAME OF HE	OR INSTITUTION  1. NAME OF HOSPITAL (It not in hospital, give street address)					ADDRESS						
DECAME OF PRINCIPAL PRINCIPAL SCRIPTION  S. SEX  6. COLOR OR RACE  7. MARRIED  NUMBER			Arundel Gene	ral H	ospital		Tre	adway	Maryla	and Inn				
S. SEN  G. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NOV. 26. 1889  G. COLOR OR RACE 7. MARRIED NEVER MARRIED NOV. 26. 1889  Male  CRUCASIAN WIDOWED DWORCED NOV. 26. 1889  MOUNT 27. INFORMANT  MOUNT 26. 1889  MOUNT 26. 1889  MOUNT 26. 1889  MOUNT 27. INFORMANT  MOUNT 26. 1889  MOUNT 27. INFORMANT  MOUNT 26. 1889  MOUNT 27. INFORMANT  MOUNT 26. 1889  MOUNT 26. 1889  MOUNT 27. INFORMANT  MOUNT 26. 1889  MOUNT 26. 1889		DECEASED						st	OF	Mo	nih	Day	Yeor	
Male Caucasian Widowed Divorced Nov. 26, 1889 (as printary), Months Doys Hours Min (69 ym. Months) Doys Months) Doys Min (69 ym. Months) Doys Months) Doys Months Doys Min (69 ym. Months) Doys Min (69 ym. Months) Doys Months Doys Min (69 ym. Months) Doys Months Do									DEATH					
Internal District Country	ı		6. COLOR OR RACE	7- MARR	IED 🗌 NEVER MAI	RIED 😡	B. DATE OF BIR	TH		9 AGE (In years				
Switch Board Operator   Hotel   Maryland   U.S.A.     13. FATHERS NAME   14. MOTHERS MAIDEN NAME   GOORGE Edwin Leide   Swander Name   14. MOTHERS MAIDEN NAME   GOORGE Edwin Leide   Swander Name   15. Social Security No   17. INFORMANT   Address   Maryland   Mar		7 40, 22.0					Nov. 2	6. 188		69 yrs.		Doys Ho	DUI'S Min	
Switch Board Operator   Hotel   Maryland   U.S.A.     13. FATHERS NAME   14. MOTHERS MAIDEN NAME   GOORGE Edwin Leide   Swander Name   14. MOTHERS MAIDEN NAME   GOORGE Edwin Leide   Swander Name   15. Social Security No   17. INFORMANT   Address   Maryland   Mar		10a. USUAL OCCUI during most of	PATION (Give kind of work working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTH	LACE (Slote	e or foreign c	ountry)	12 CITI	ZEN OF W	HAT COUNTRY?	
George Edwin Leide  Suanna Whittington  15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO  17. INFORMANT  Address  18. CAUSE OF DEATH [Enter only one couse per line for (p), (b), and (c)]  18. CAUSE OF DEATH [Enter only one couse per line for (p), (b), and (c)]  18. CAUSE OF DEATH [Enter only one couse per line for (p), (b), and (c)]  18. CAUSE OF DEATH [Enter only one couse per line for (p), (b), and (c)]  19. Conditions, if any, which gove rise to immediate couse (p), line purpose (b), but the uniform of t		Switch B	oard Operato									U.S.	A.	
15   MAS DECEASED FURTH N. U. S. ARMED FORCESS   16. SOCIAL SECURITY NO   17. INFORMANT   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH   Enter only one course per time for (o), (b), and (c)   18. CAUSE OF DEATH   Enter only one course per time for (o), (b), and (c)   23. 2   23. 2   23. 2   24. RECIDENT MAS CAUSED SIS   25. DATE SIGNED   25. Annapolis No. S. Annapolis N		13. FATHER'S NAME					14. MOTHER	S MAIDEN	NAME					
Title or or unknown	Y	Georg	e Edwin Leip	0			S	uanna	Whitt:	ington				
18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c)]  PART 1. DEATH WAS CAUSE BY  ANABOLIS BY  PART 1. DEATH WAS CAUSE BY  DUE TO  Conditions, if only, which gove rise to immediate course (o), storing the under lying course lost.  (c)  PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED YES NO CONTRIBUTING TO CAUSE OF DEATH (I) FEITHER NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 19 of work in while of the work in while of the work in while	J	15 WAS DECEASED			SOCIAL SECURITY N	NO 17.					lress			
18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c) PART I. DEATH WAS CAUSED 8Y.  18. CAUSE OF DEATH WAS CAUSED 8Y.  18. CAUSE OF DEATH WAS CAUSED 8Y.  29. DOUE TO  Conditions, if ony, which gove rise to immediate course (o), stoling the underlying course lot.  19. CAUSE OF DEATH OF SCIENTIC VISC UMAR DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES DO ACCIDENT WAS UNDERLYING DOUBLE TO SECRIBLE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)  20. ACCIDENT WAS UNDERLYING DOUBLE AND DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)  20. TIME OF INJURY Month, Day, Year Hour o. m.  19. DO. TIME OF INJURY Month, Day, Year While DI work OI work of work of work of work.  21. I certify that I gitended the deceased from 9 While DI work of work.  21. I certify that I gitended the deceased from 9 While DI work of work.  22. I death of the course of the part of the course and an the date stated above. ADDRESS (Street, city or fown, stole)  22. BURNAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. IOCATION (City fown, or county) (State) Through the part 1 of th			(CIA) (CIA)		79-09-557	1	Mrs. Su	sanna	P. Le:	Itch W	est St	. Ann	apolis M	
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of inverse of injury (Home, form, foctory, street, office bldg., etc.)  21. I certify that I attended the deceased fram 9 19 19 19 19 19 19 19 19 19 19 19 19 1		PANT II.	OTHER SIGNIFICANT CON	NDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERM	AINAL DISEAS	E CONDITION GI	VEN IN PART	1(o) 19 W	AS AUTOPSY	
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21. I certify, that I attended the deceased fram 9 Man, 19.59, to 1 4PR, 1957, that I last saw the deceased alive on 2 4PR, 1957, that I last saw the deceased		OR CONTRIBUTE	TWAS UNDERLYING TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE	D (Enler noture	of injury in	Port I or Part	Il of item 18.)				
21. I certify, that I attended the deceased fram 9 Man, 19.59, to 1 4PR, 1957, that I last saw the deceased alive on 2 4PR, 1957, that I last saw the deceased	1	3 20c. TIME OF II	NJURY Month, Day, Ye	or 20d. IN	UURY OCCURRED	20e. PL	ACE OF INJURY	(Home, for	m. 20f. (City	or town)	10	numbul.	(chet2)	
actual Address (Street, city or town, stote)  ACTUAL HIGH TUNE  PHYSICIAN'S NAME (Type) Edward S Beck M.D.  220. BURIAL CREMATION, 22b. DATE THEREOF  REMOVAL (Specify) April 26, 1949 Edwards Chapel Gemetery Annapolis Maryland  23 FEDERAL DIRECTOR'S SUSPENDENCE.		Hour o	m. 10	While	Not while	fo	ctory, street, offi	ce bldg., et	c.)	o. 10****)	(0)	ooniyi	(Sidile)	
actual Address (Street, city or town, stote)  ACTUAL HIGH TUNE  PHYSICIAN'S NAME (Type) Edward S Beck M.D.  220. BURIAL CREMATION, 22b. DATE THEREOF  REMOVAL (Specify) April 26, 1949 Edwards Chapel Gemetery Annapolis Maryland  23 FEDERAL DIRECTOR'S SUSPENDENCE.	Į	21. I certify	, that I attended the	decease	d fram/9	ARTI	19.5	9. ta 5	IYA	PR 195	9 that 1 to	nst saw t	the decensed	
ACTUAL HUHATUR ADDRESS (Street, city or town, stote)	ı	alive on C	14 APRIL	. 195	7 and the	at death				the course	and on th	a data r	tated above	
PHYSICIAN'S NAME (Type) Edward S Beck M.D.  220. BURIAL, CREMATION, REMOVAL (Specify) April 26, 1959 Edwards Chapel Gemetery Annapolis Maryland  23 FUNCAL DIRECTOR'S SUNGALURE ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	ı				11/11	A						e date 3		
PHYSICIAN'S NAME (Type) Edward S Beck M.D.  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Town, or county) (Store) Surial April 26, 1959 Edwards Chapel Cemetery Annapolis Maryland 23 FEDERAL DIRECTOR'S SURJAMENT ADDRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	ı	ACTUAL	DILLAH	No	1 Dec	1/2/	M.D.		,	, , , , , , , , , , , , , , , , , , , ,	,			
NAME (Type) Edward S Back M.D. 41 So thgate Ave, Annapolis, Md.			acoudo o		7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
REMOVAL (Specify)  April 26, 1949 Edwards Chapel Gemetery Annapolis Maryland  23 FUNCE OR S SUSPICION ADDRESS  24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		NAME (Type)	Edward S Bed	ck M	.D.		41	So th	ngate A	lve, Anna	polis	MH.		
Burial   April 26, 1949 Edwards Chapel Gemetery Annapolis Maryland  23 FEDGRAL DIRECTOR'S SUCHAFURE ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE				OF	22c. NAME OF CE	METERY O	R CREMATORY		22d. LOCAT	ION (City town,	or county)		(State)	
23 FEDERAL DIRECTOR'S SIGNATURE  ADDRESS  24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		Buria	1   April 2	6. 19	19 Edward	s Cha	pel Cem	eterv	Anna	olis	M	arvla	nd	
Hopping Funeral Home / Annapolis Meryland Darrape 27 59 Classes & Maryland		23 FUNCEAL DIREC	TON'S SUCKENTURE	5				240 REC	'D BY REGIST	RAR 24b. REGI				
The stand of the s		Hopping F	uneral Home	11/	Annapolis	, Mar	yland	DATE	R 2 7 '59	a	Chang & 1	Tues !		



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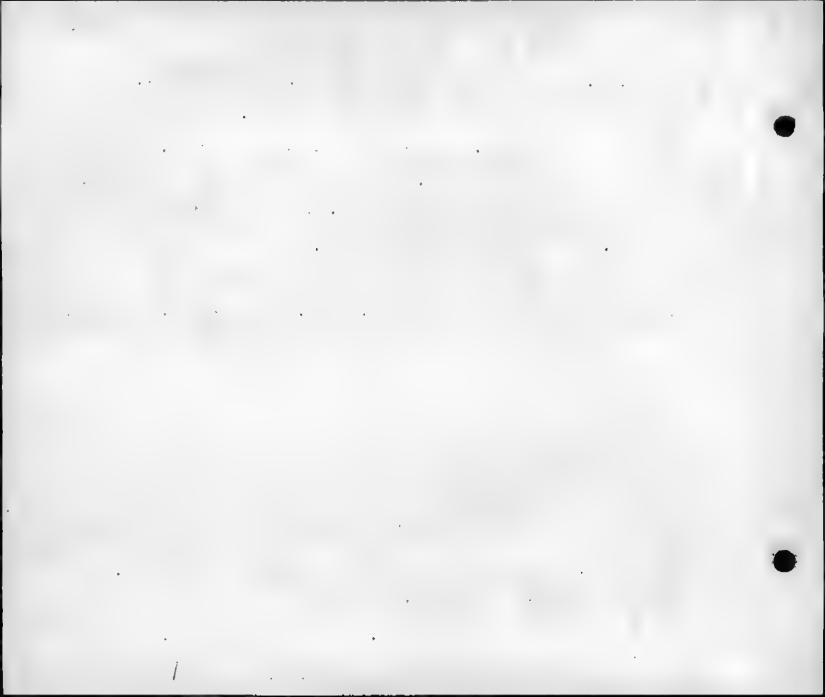
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

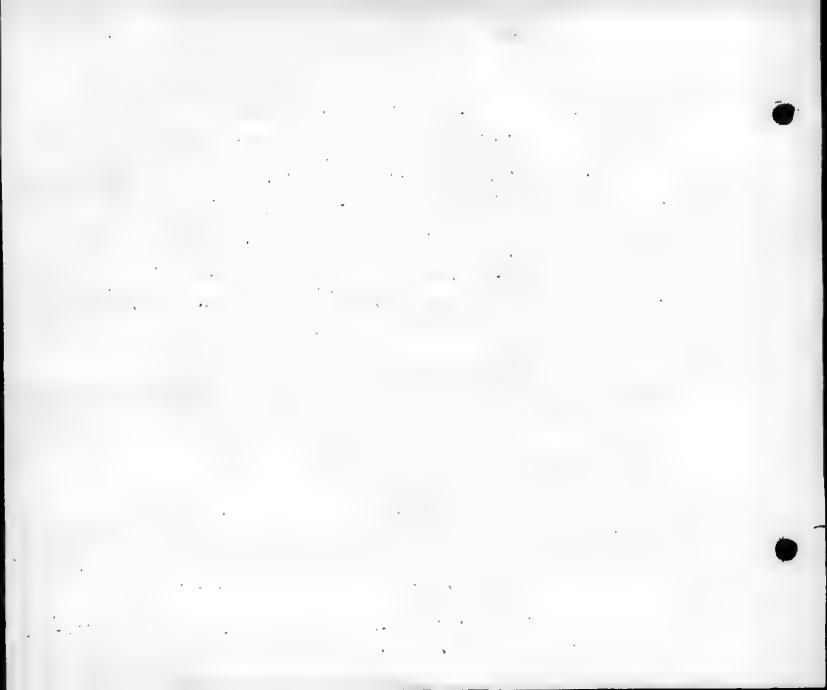
3903 CERTIFICATE OF DEATH

03886

0969	CERTIFICA	AIL OF DEATH	•		Reg. Dist. N	0.	
1 PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Wh			: Residence be	fore admiss	ion)
A. A. Co.	MARYLAND	Md.		. COUNTY	A. A.		
b. CITY OR TOWN (If outside corporate limits, write	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate lin	its, write RU	RAL and give n	earest town	)
RURAL and give nearest town) Linthicum Heights		K Linthicum H	gts.				
d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	dress)	d. STREET ADDRESS				e. IS RES	DENCE FARM?
233 N. Hammonds Ferry Rd		233 N. Hamm	onds Fer	ry Rd.			NO 🗍
3 NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	(		Yeor
(Type or print) LOUIS	J.	McCLOSKEY	DEATH	Ap	ril	26,	19 59
5 SEX 6 COLOR OR RACE 7. MARRIE	NEVER MARRIED	B DATE OF BIRTH	9. AG		FUNDER I YEA		
male white widowed	DIVORCED [	Mar.24,1906	) 105	bisthdoy) yrs	Months Days	Hours	Min.
10a USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired)	ND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote	or foreign country)		12 CITIZEN	OF WHAT	COUNTRY?
	btato Chips	Md.					
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME				
James E. McCloskey		Ella	Coffay				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	ICIAL SECURITY NO 17. 1	INFORMANT		Addre	15		
ves World War II	Mı	s. Mary S. Me	Closkev-	233 N.	Hammon	ds Fe	rry Ro
18 CAUSE OF DEATH [Enter only one couse per line					IN	TERVAL BE	TWEEN
PART I DEATH WAS CAUSED BY: Add	enocarcinoma	of the rectum			_	a hour	5 vea
DUE TO	00 0012 020						<u> </u>
Conditions, if ony, which )					1		
gove rise to immediate							
tying couse last.							
, (-)	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVE	N IN PART 1(o)	19. WAS /	AUTOPSY
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PART II OTHER SIGNIFICANT CONDITIONS CO.  20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dry, Year Hour a. m., 19 While of work []	BE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I or Part II of i	rem 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJ	JRY OCCURRED 20e. PL	ACE OF INJURY (Home, form	20f (City or tow	n)	(County	()	(Stole)
Hour a.m. While at work [	Not while 10	ctory, street, office bldg , etc.	1				
21. I certify that I attended the deceased	from Feb.	. 19 56 to A	oril 26	1956	that I lost	raw the	deceased
		occurred at 6:30p					
1	n .		ADDRESS (Street, ci				TE SIGNED
ACTUAL SIGNATURE & PARTURER &	hiply Me.	м.b. 721 Med	ical Art	Bldg	Balt.	1	4/27/5
PHYSICIAN'S E. Roderick Shi	pley, M.D.						
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)	72c NAME OF CEMETERY O	R CREMATORY	22d LOCATION (C	ity, town, or	county)	(Stole	)
Burial 14/30/59	Woodlawn Gen	n.	Woodlaw				
23 FUNERAL DIRECTOR'S SIGNATURE	OLLI - WAT	to 1 7 kg DATE	AY ZEGISTEAR		RAR'S SIGNATI		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



(LAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CERTIFICATE OF DEATH 3867 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY 76. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CLEY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest jawn) much d NAME OF HOSPITAL (If not in hospital, give Areet address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Unna (1 YES NO NAME OF 4. DATE Last Month Year DECEASED OF DEATH (Type or print) 195 IF UNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years lost birthday) Months Days WIDOWED IX DIVORCED | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, oven if retired gug 13. FATHER'S NAME 15. WAS DECEASED EVER IN M. S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Survey DUE TO Canditions, if any, which (b) gned gave rise to immediate **DUE TO** couse (a), stoling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES M NO ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CONTRIBUTING | CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Manth. Doy, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg, etc.) Hour a.m. While Not while of work ot wark 21. I certify that I attended the deceased from March Ithat I last saw the deceased and that death accurred at P.M. from the causes and an the date stated above. DATE SIGNED ACTUAL DIRE SIGNATURE P shauld PHYSICIAN'S NAME (Type) BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, towns REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ישספרי. **L**  uneral director, ld be filed with 011

1. PLACE OF DEATH

the attending physician and campletely filled in by Then please remave carbon papers. Pages 1 and 2 went within 72 haury offier death. the registrar priar to burial, cremation, ar remayal, and in

may be retained the haspital or attending physician.

TO FUNERAL DIR.

OR. After this certificate has been signed 3 should be detached far use as the burial-transit

V\$ A15 (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3905

05119

**CERTIFICATE OF DEATH** Reg. Dist. No.

0	Anne	Arundel		MARY	YLAND	o. STATE	ryland	ere meceuse	b COUNT				
t	CITY OR TOWN RURAL and give	(If autside corporate lim	is, write	c. LENGTH OF STAY	IN 1b	c CITY O	R TOWN (IF o	utside corpo	rate limits, write	RURAL one	give ne	arest to	wa)
	Crowr	sville		lyr.2mo.28	3da.	Ba.	ltimore	•	31	101.	. 22		
(	OR INSTITUTION	PITAL (If not in hospital, i	ive street	oddress)		d STREET	ADDRESS					e IS R	ESIDENCE
		sville Stat				51:	2 Warne	r Str	eet				A FARM?
3. 1	NAME OF DECEASED	Fi	12	Middle		l	.ost	4. DATE	Mo	oth	Do		Year
	Type or print)	Willie				Park	er	DEATH	4	-	20	6	1959
SS	EX	6. COLOR OR RACE	7 MARI	RIED NEVER MARRI	ED 🗍	B. DATE OF BIT	RTH		9. AGE (In years last birthday)	Months Months		-	DER 24 HRS
	Male	Negro	WIDOW				0/79		מע לו		Doys	Hour	Min.
100.	USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDUS	TRY 11, BIRTH	PLACE (State of	or foreign c	ountry)	12. C	ITIZEN C	OF WHA	AT COUNT
	Unemploy					Sot	ath Car	olina			U.S.	.A.	
13.	FATHER'S NAME					14. MOTHER	'S MAIDEN N	AME					
	Jake Par	ker				Cor	rnelia	Holli	man				
IS.	WAS DECEASED EN	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17 IF	FORMANT			Add	dress			
	aknown	y. 701. grand and an annual		Unknown		Ho	spital	Recor	ds				
		EATH [Enter only one co	use per li		1						INT	ERVAL 6	BETWEEN
		EATH WAS CAUSED BY:		Septicen	*						ON!	SET AN	DEATH
П	BOUX	DUE TO											-
	Canditions, if	any, which }		Decubita	27 111	cers. (	lanorer	ALIAN S					
H	gave rise to	Immediate (	,						bral Thr	ombos	ri R		
	lying cause lost	g the Under-		with Her			G (L W L 91)	. 0020	OZ.OZ III.	Omoos	710		
z	PART II. O	THER SIGNIFICANT CON					TO THE TERMIN	VAL DISEAS	E CONDITION GI	VEN IN PA	PT 1(a) 1	19 WAS	AUTOPSY
ĬĕI			_							1611 1111		PERF	OPMED?
CERTIFICATION	200. ACCIDENT V	AS UNDERLYING	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter noture	of injury in P	ort I or Pari	t II of item 18.1			10346	1 MO[]
CERI	OR CONTRIBUTING	YAS UNDERLYING COMMON C		_	_						_		
	20c. TIME OF INJU		or 20d. li	NJURY OCCURRED	20e, PLA	CE OF INJURY	(Home, form	20E (City	or town)		(County)		(State
WEDICAL	Hour o. m.	10	While	Not while	foc	lory, street, off	ice bldg., etc.)	1201. (217)	or rowny		(COUNTY)		ÇSIGIE
~	— p. m.		of wor		,	- 51		4/0	- FA				
	21. I certify t	that I attended the					3_, to	4/2	.6 <u>19.59</u>	,that I	lost so	aw the	e deceas
	alive on4	120	, 12_	59, and that	deoth	occurred a	14:20 A	M, fron	n the couses of	and an	the da	te sta	ted abov
	ACTUAL	1/2	~ ~	_					reet, city or town,				DATE SIGN
	ACTUAL SIGNATURE	VICERILL	110		A	4.D(	Crowner	ille,	Marylan	d			
	PHYSICIAN'S	L. Benedict		n.			Crowner	rilla.	State Ho	ani +	1 . M	4.	
	NAME (Type)		-				01 0 W110 F		DVG DO MO	opro-			
220.	BURIAL, CREMATI	ON, 22b. DATE THEREC	F	22c NAME OF CEM	ETERY OR	CREMATORY			IION (City, fown,			(Sto	ota)
_	Burial	1 6/7/EA		Hospita	II Ce	metery		Crow	nsville,	Mary	land	1	
23 F	UNERAL DIRECTO	R'S SIGNATURE	11.	ADDRESS (	14	: 00.	240 REC'D	_		STRAR'S S			
	4	KA	my	2010 Oly	ישיייין	, sind	DATE	18 3 154	59 Ca	thing -9	-	MA.	
											CAN BY YES	/	



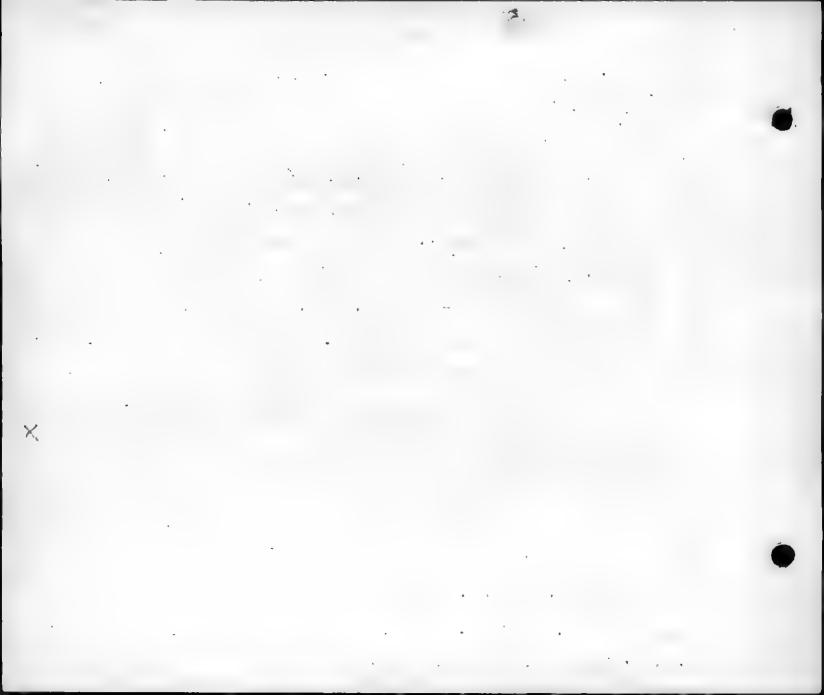
VS A1S (4) 15M 9/58

MARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE,	18
3868	CERTIFICATE	OF DEATH		

03891

Rea. Dist. No.

1	
)	1 PLACE OF DEATH o. COUNTY  O. COUNTY  O. COUNTY  O. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  MORNILLER  D. COUNTY  ACCURATE  ACCURATE  D. COUNTY  ACCURATE  ACCURATE  ACCURATE  ACCURATE  ACCURATE  ACCURATE  AC
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).  AUXILIAR and give nearest flown)  AUXILIAR AND AUXIL
gel <sup>g</sup>	d NAME OF MOSFITUTION (Inexal of the hospital, give street address)  d STREET ADDRESS  OR NISTITUTION (Inexal of the hospital)  OF CONTROL OF THE CONTROL OF THE HOSPITAL OF T
	3 NAME OF DECEASED (Type or print) Paymond Elbourth Pettingal St DEATH 4-27 1959
	S. SEX  NEVER MARRIED NEVER MARRIED B. DATE OF BRTH  S. DATE OF BRTH  9. AGE (In years life UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
1	10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY 11. PRTHPLACE (Stote or foreign country)  The proof of working life, even if retired)  Brush Co.  Maryland  12. CITIZEN OF WHAT COUNTRY?
	Winfield Scott Pettingal Margaret an Eyler
	15. WAS DECEMSED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEQURITY NO. INFORMANT  NO No 21L-10-2349 Mrs. Nan B. Pettingall-Same as Item #2
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which  (b) Hyocardiac infarktion  11 days
	ving couse lost DUE TO  (c) Arteriosclerotic Cardiovasicular disease 3 years
)	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED. YES NO.
	200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year Hour o. m, P. m 19 at work at wor
	21. I certify that I attended the deceased from 4/6, 1957, to 4/26, 1957, that I lost saw the deceased alive on 4/27, 1959, and that death accurred at 5754M, from the causes and on the date stated above.
4	ACTUAL SIGNATURE M.D. Mayo Doad Cagentales 344-27-5
4	PHYSICIAN'S NAME (Type) Sylvia M. Lim, M. D.
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote)
	Burial Apr.30,1959 Mount Olivet Cemetery Frederick, Maryland  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR'S SIGNATURE
	M. R. Etchison & Son, Frederick, Maryland DATE APR 2 8 '59 Cotton & Kraus



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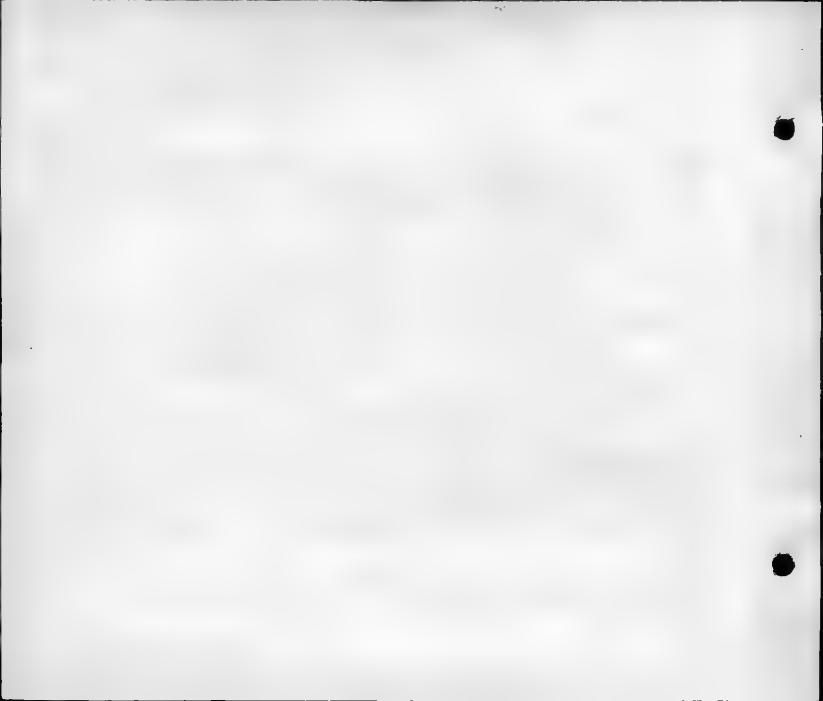
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4 2£			3907 CERTIFICATE OF DEATH ()3894	
directo	M	L	PLACE OF DEATH  COUNTY (FRE Grunde)  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)  STATE (Grunde b. COUNTY Counce Corporate)	-/
funeral			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  C. CITY OR TOWN III outside corporate limits, write RURAL and give nearest town)  Stady Side:  3448	
by d 2 sho	X		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS  e. IS RESIDEN ON A FARI YES NO	
illed in			NAME OF DECEASED (Type or print) LITA ESTELLA PHIPPS OF DEATH APPIN 19 19	59
d within		5.	THE REAL PROPERTY OF THE PROPE	HRS. Nn.
execute nd comp on pape death.		100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country)  Thousewife even if retired)  12. CITIZEN OF WHAT COUNTRY TO USE WIFE EVEN FROM A MEDICAL	INTRY?
icion or e corbo		13.	Stephen A. Lusby Sally Norwood.	
ng physe remov		15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Phipps Shddy Side  NO 0 1 (11 year, give wor or dates of service) POYOTHY M. Phipps Shddy Side	Mo
attendi attendi in pleas t within			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal obstruction & dehydration   INTERVAL BETWEE ONSET AND DEA	N TH
that the by the nit. The ny even			Conditions, if ony, which) by Carcinoma of recto sigmoid colon unknown	7_
requires			gove rise to immediate couse (o), stoling the under- lying couse lost.    DUE TO   (c)   (c)   (c)   (c)   (c)   (d)   (	
physicianos beer infertron roval, a	0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTO PERFORMED YES NO	7
HAN: Ti tending ificate h the bur the bur			20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)	
PHYSIC of ar at his cert r use as ematian		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m.  p. m. 19 While of work of	itote)
NDING e hospile : After t ched for uriaf, cr			21. I certify that I attended the deceased from 1901012 19, 1959, to 1951 14, 1959, that I last saw the deceased alive an 1951 4, 1957, and that death accurred at 1957 M, from the causes and an the date stated a	
ATTENTAL THE OR DE deto be deto by or to by			ACTUAL STORES (Street, city or lown, stote) DATES	
retaine RAL Di should	1		PHYSICIAN'S WILLARD F. SMITH, ND SHADYSIDE, MARYLAND	-/
D HOSP may be o FUNEI pairt 3		1	BURIAL CREMATION, 226. DATE THEREOF. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town for county) (Stole)	
VS A15 (4) 15M 9/55	~	23.	EUNERAL DIRECTOR'S SIGNATURE  LECCHIER LANGE LAN	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3903 **CERTIFICATE OF DEATH** Rea, Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY o STATE **b. COUNTY** Anne Arundel MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Churchton Churchton d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Rogers Road NAME OF First Middle 4. DATE Month DECEASED MAMTE POWELL (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED KT 5. SEX B. DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS WHITE WIDOWED [ Months FEMALE October DIVORCED [7] 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) VIRGINIA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Richard H. Powell Laura Toombs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Beatrice M. Davis Churchton, Md. No None 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) er10 50 DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Port I or Port II of item 18 ) 20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 0. m. factory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from Chril 19, 1935, that I last saw the deceased lo\_\_ loched and that death accurred at 47 45/4 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE prior 3 should PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREO! 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) CEDAR

bode 2 VS A35 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

FUNERAL HOME

**ADDRESS** WASHINGTON D.C. 24g, REC'D BY REGISTRAR DATEAPR 2 3 159

SUITLAND 246 REGISTRAR'S SIGNATURE arthur & Hause

IS RESIDENCE

ON A FARM?

YES TI NO T

Year

19

U.S.

INTERVAL BETWEEN

ONSET AND DEATH

Gears

PERFORMED? YES NO

(Stole)

DATE SIGNED

(Slate)

Day

Days

(County)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()3896 Reg. Dist. No. 28 3909 **CERTIFICATE OF DEATH** director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY filed o. STATE Maryland 6 COUNTY Anne Arundel AnneArundel MARYLAND neral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) Ft George G. Meade. lday P Hanover d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
U.S. Army Hospital d STREET ADDRESS e. IS RESIDENC ON A FARM? 6 Mulberry Rd YES NOX NAME OF Middle 4. DATE Month Day Year OF DEATH MILTON CHARLES POWERS April 1959 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED TANEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost wirthdoy) Months -Male White Feb 1897 Doys Hours WIDOWED | DIVORCED [ papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) AMERICAN ICE CO US RITTERD Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Powers Elizabeth Young 17. INFORMANT SON-IN-LAW 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 214-01-5103 M/Sgt Dugal M. Neilson, 6 Mulberry Rd Hanover, Md No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction 40001 **DUE TO** Coronary Arteriosclerosis 7 days Canditions, if any, which gave rise to immediate **DUE TO** cause (a), staling the underlying couse lost. ·Ironsil PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal, PERFORMED? burial YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f. (City or town) (County) (State) a. ft. factory, street, office bldg., etc.) While Not while at wark ot work 19<u>59</u>, that I last saw the deceased 21. I certify that I attended the deceased from 2 April 2 A ril olive on 2 April , and that death occurred at  $0815 {
m A}$  M, from the causes and an the date stated above. oct ADDRESS (Street, city or town, state) **ACTUAL SIGNATURI** U.S. Army Hospital, Ft Meade, Md 2Apr 59 FUNERAL DIR PHYSICIAN'S NAME (Type) GEORGE B. HAGAN. U.S. Army Hosp, Ft Geo G. Meade, Md Capt. MC 220. BURIAL CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY page 22d LOCATION (City, town, or county) (Stote) may **REMOVAL (Specify)** BURTAI BALTIMORE CEMETERY BALTIMORE MARYLAND. 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE HENRY SANDER & SONS INC. BALTIMORE DATEDD

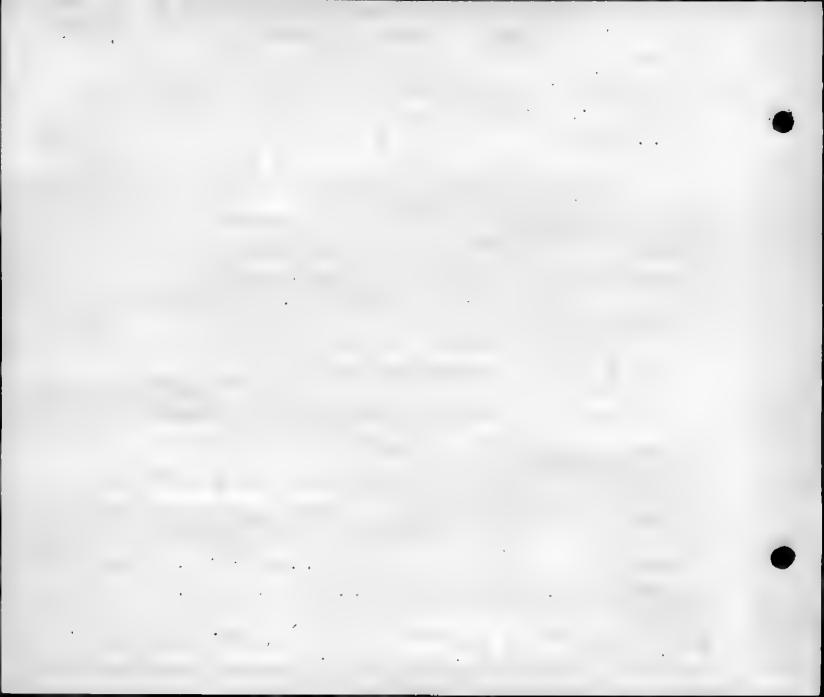
death.

ofter

executed within 24 hours

that the

HOSPITAL



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



#### FOR STATE HEALTH DEPT.

3 .

TO DEPUTY MEDITAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is reserven, please execute the complex, writing the word "pending" is pending in tem, 18. Give Pages 1, 2, and 3 to the funeral form. Page 4 should be for fided to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to four files.

TO FUNERAL DIRICTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, priar to buriot, cremation, ar removal, and in any event/within 72 hours after death.

VS A15ME 5M 2757

	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Reg. Dist. No.									
	1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)									
	6. COUNTY ITA MARYLAND	a STATE b COUNTY									
	b. CITY OR TOWN (if outside corporate limits, write RUPAL C LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	Davidsonville Life	Davidsonville									
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE									
	took asso data	ON A FARM? YES X NO									
	3. NAME OF DECEASED Sirst Middle	C Lost 4. DATE Month Day Year									
	(Type or print) EDWARD A	RITTER DEATH 4 25 1959									
	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED NE	DATE OF BIRTH 9. AGE (In years   IF UNDER 14EAR IF UNDER 24 HRS									
	// WIDOWED DIVORCED	Feb. 4, 1959 tent birthdoy) yrs Menths Doys Hours Min.									
	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?									
		Maryland U.S.A.									
	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
	Edward Allen Ritter	Pauline Hill									
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. IN (You, no, or emhnown) 1 (If you, give war or dains of service)	FORMANT Address									
	47	lward Allen Ritter- Davidsonville,									
	18. CAUSE OF DEATH [Enter only one could per line for (o), (b), and (c) ]	INTERVAL BETWEEN									
		PHEUMOHIA									
	491 X DUE TO										
L	Conditions, if any, which (b)										
	gave rise to immediate cause (a), stating the underlying DUE TO										
	couse lost. (c)										
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?									
	3	YES NO									
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT IN  CAUSE OF DEATH.	Ner nature of injury in Part I or Part II of item 18.)									
		E OF INJURY (Home, form, 120f (City or fown) (County) (Stote)									
	Heur e m. While Not while tacte p. m. 19 at work at work	ry, street, affice bldg., etc.)									
	21. I certify that I pok charge of the remains described above	re, held on Autopsy , Inspection . Inquiry , ond in my									
	opinion seath respected from: Matural causes . Accident	, Suicide , Homicide , Undetermined monner									
	1 1/1 1/2 65										
	SIGNATURE / MULL / MULL	M.D. CHIEF MEDICAL EXAMINER									
	0, 10,	ASSISTANT MEDICAL EXAMINER									
	EXAMINER'S PAUL 17. GUERIN	DEPUTY MEDICAL EXAMINER									
	220. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stote)									
	Burial 4/28/59 Mt. Hebron C	cemter Davidsonville Md.									
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE									
	Ritchie Bros. Upper Marlboro, Md.	DATE MAY 1 1 '59 Oribus S. Kinns									
	70'										

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



03898 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH g. COUNTY b. COUNTY a. STATE MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR JOWN (If guiside corporate limits, write RURAL and give nearest town) arbor e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street pridress) AL STREET ADDRESS gistrar priar X YES NO R NAME OF DATE Month Day DECEASED (Type or print) DEATH 9. AOE (In yours COLOR OF RACE 7. MARRIED NEVER MARRIED 899 IF UNDER TYEAR IF UNDER 24 HRS. lout birthday] Manths Days Hours WIDOWED | yrs. 100. USUAL OCCUPATION (Give kind at work dane 10b, KIND OF BYSINESS OR INDUSTR duping most af working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? De 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per liste for (a), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which gave rise to immediate couse DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? Ş 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of Injury in Part, for Part, 11 of I/em 18.) 200 INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory) street, affice bldg., etc.) 20c. TIME OF INJURY i 20f. (City or lown) (County) Not while at work at work 21. I certify that I tobbecharge of the remains described above, held an Autopsy \( \square\). Inspection . Inquiry , and find that forwarded to Chief TO FUNERAL DIRECTOR: Suicide . Homicide . Undetermined cause . Acaldent ... death resulted from: / Natural causes DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER V NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 4/18/59 George Washington Hyattsville, Md. 4739 Baldmenore Ave. 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Hyattsville, Md. F. Gasch's Sons DATE APR 2 0 '59 arthur & House

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ON A FARM?

Year

19.5

Min.

(State)

(State)

VS. A15MEI51 5M 9/55



TO HOSPITAL OF

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

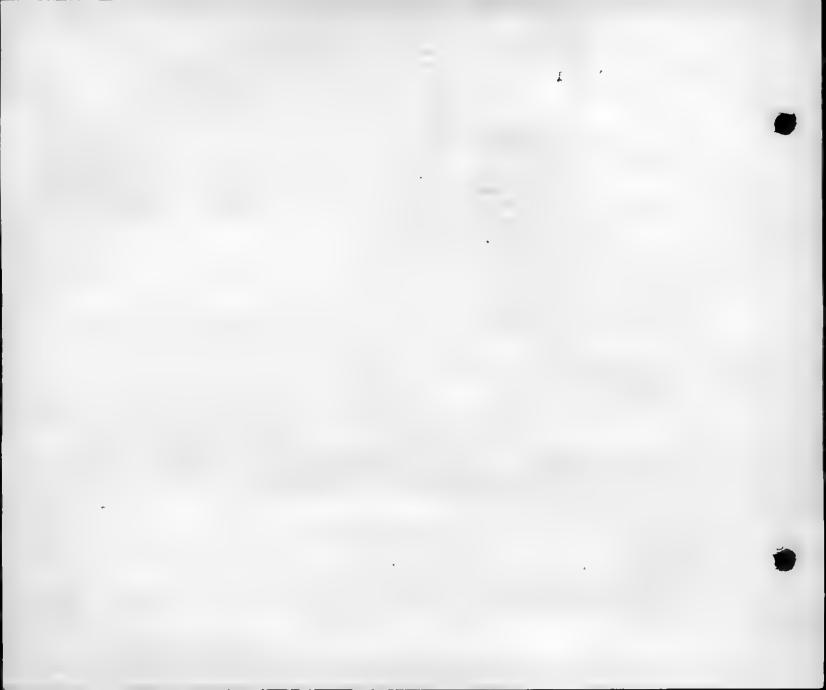
CERTIFICATE OF DEATH

03899

3912

Reg. Dist. No.

1.	LACE OF DEATH		2 USUAL RESID	ENCE (Where decease		on Residence b	pefore admission)
	AA	MARYLAND	o. STATE	MD	b. COUNTY	AA	
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	LENGTH OF STAY IN 16	c. CITY OR T	OWN (If outside corp	orate timits, write R	URAL ond give	nearest fown)
L	Carrel Beech MD	****	X Can	ul Boar	. 1-		
	NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	lress)	d. STREET AL				e. IS RESIDENCE
L	412 Carrel 1	Beach Rd.	412	2 Camel	- Beard	Rel	YES NO
3.	NAME OF First DECEASED	Middle	lost		Mon	lh .	Day Year
	Type or print) William	James	Shor	OF DEATH	ı 🧸	/-	23 19079
5. 5	EX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	1	9. AGE (In years lost birthday)	IF UNDER 1 YI	EAR IF UNDER 24 HRS
_	MIDOWED [		Aug.	26, 1894	64 yrs.	Months Day	ys Hours Min
100	USUAL OCCUPATION (Give kind of work done 10b KIN during most of working life, even if retired)	ID OF BUSINESS OR INDU	ISTRY 11. SIRTHPLA	ACE (Stote or foreign o	(ountry)	12 CITIZEI	N OF WHAT COUNTRY
L	U.S. ARMY Oct.	ined	1	VIVIR	Cinia	6	3 Sac
13.	FATHER'S NAME		14 MOTHER'S	MAIDEN NAME			
L	Hart Short		EV	a Sin	CLAIS	>	
1\$ (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	CIAL SECURITY NO. 17.	NFORMANT		Add	ress	
L	10 -		FAMIL	4	Sie	L	
	18. CAUSE OF DEATH [Enter only one couse per line for	or (o), (b), and (c) ]					NTERVAL SETWEEN
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c)	pronan	a 1 d	anneto	is	C	ONSET AND DEATH
	DUE TO	_ //	1				CHICAGO CONT
	Conditions, if ony, which ) thi	monary.	Adl	usis			7 1111
	gove rise to immediate Couse (a), stating the under-						-yu
	lying couse lost. (c)						
ŏ	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(c	19 WAS AUTOPSY
3							PERFORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING TO 200. DESCRIB	E HOW INJURY OCCURRE	D. {Enter nature of	injury in Port I or Pa	rt II of item 18.}		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL			ACE OF INJURY IH	lome, form, 20f. (Cit	y or lown)	(Coun	ily) (Stale)
MEC	Hour o. m. While of work		clory, street, office	ning., etc.)			
	21. I certify that I attended the deceased	from Acin	1 1950	to ami	1 23 1059	that I last	saw the deceased
	alive on Romy 17 19 54	2					date stated above
	1			ADDRESS (S	treet, city or town,	stote)	PATE SIGNED
	ACTUAL SIGNATURE	i knuld	M.D.	RIVIE	AM BE	BOIL	4/21.10
	1.00				5	1-25-6/	
	PHYSICIAN'S U. J. BRABY	)m1T/t	.=	F195	ADENA	MAR	X-ANP
220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	C. NAME OF CEMETERY O	R CREMATORY	22d, LOCA	TION (City, town, o	r county)	(Stote)
	Bureal 4-27-09	Cedar He	1/ Cam	· Ba	17, more	, ,	ND.
23	UNERAL DIRECTOR'S SIGNATURE	ADDRESS		24a. REC'D BY REGIS	TRAR 24b. REGIS	TRAR'S SIGNA	TURE
1	10 Gully FUNERAL Homes	1308-2-	Terran	DATE APR 2	59 (	Inthun S.	Krouz





OR STATE HEALTH-DEPT. ony please for. Page Page OUT å. TO DEPUTY MED. II EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is native execute the centre of the world in pendid in them 18. Give Pages 1, 2, and 3 to the funeral 4 should be followed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined for the INVIRAL DIRECTOR: Page 3 shauld be seen a obvirol-transity permit. File pages 1 and 2 with the State Board or its designated agent, prior to beriol, cremation, ar removal, and in any event within 72 hours ofter death.

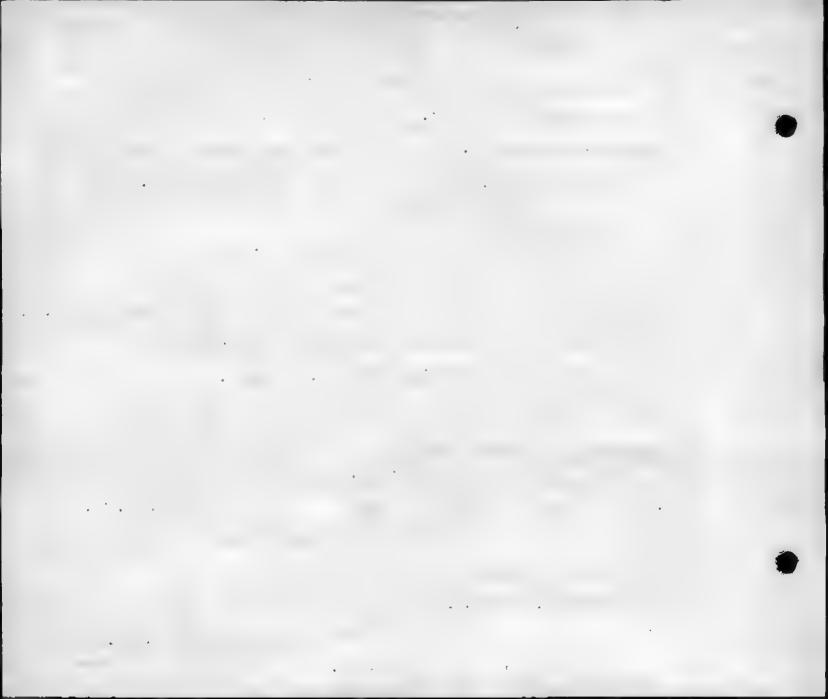
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
39134EDICAL EXAMINER'S CERTIFICATE OF DEATH

A LEGAL (FILEGATE S-18-59 et R.

13901 Reg. Dist. No.

, PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)									
Anne Arunde	1	MARYLAND	o. STATE Flori	da	. COUNT	Υ						
	autside corporate limits, write RURAL	c. LENGTH OF STAY IN 16										
_	ch, Pasadena	3hrs,	Monro	e.Key We	est.	ŕs						
	AL OR INSTITUTION (If not in ho		d. STREET ADDRESS				e. IS R	RESIDENCE				
In the woo	ods, off Hilltop	Rd.	Motor Ves	sel,Say	annas G	arison	_	NO T				
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Mont		Day	Yeor				
	harles George Ta	ylor			pril 16	th. 19	59	19				
5. SEX	6. COLOR OR RACE 7. MARRI	IED   NEVER MARRIED   8.	DATE OF BIRTH	9.	AGE (In years lost birthday)	IF UNDER 1		DER 24 HRS				
M	W WIDOWE	io ii pa piyokoti 💁	4/19/03		55 yrı.	Months D	loys Hours	At n.				
100. USUAL OCCUPATIO	ON (Give kind of work done 10b.	KIND OF BUSINESS OR INDUSTI	TY 11. BIRTHPLACE (Slote	e or foreign cau	ntry)	12. CITIZ	EN OF WHAT	COUNTRY				
Diver	(Water)		Carabou, N	.B.Cana	da.	USA						
13. FATHER'S NAME			14. MOTHER'S MAIDEN					-				
George !	Favlor		?									
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17, IN	FORMANT		Address							
(Yes, no, or unknown)	(If yes, give wor or dates of service)	110-09-0611 R	avmond Taylo	t (son)	Ramera 1	Reach.	Pagadar	ne Md				
In CAUSE OF DEA	TH Enter only one couse per line		O HOLK TOU TO	e Toom	TOB TOTA	- Marie	INTERVAL BETW					
	TH WAS CAUSED BY:		aumd through	the mi	aht tow	-1-	ONSET AND DE	ATH				
971	G 7/6 S CAUSE (a) Self inflicted wound through the right temple											
16 X	DUE TO		00 (0				022					
Conditions, if o	diote couse	with a pistol ga	ruge 22. (Su	11c1d6/.			Sudder	1				
(o), staling the												
couse fost.	, (c)						1					
PART II, OIL	HER SIGNIFICANT CONDITIONS C	ONIKIBUTING TO DEATH BUT N	OF RELATED TO THE TERM	AINALDISEASE C	ONDITION GIV	EN IN PART	1(0) 19. WAS PERFC	AUTOPSY DRMED?				
3							YES [	NO				
PART II, OTH	JSE WAS 206. DESCRIE	BE HOW INJURY OCCURRED (E	nter noture of injury in Par	et For Port II of	item 18.)							
-	As st	ated in Part										
3.30 p.m.		INJURY OCCURRED 200. PLAC	E OF INJURY (Home, formary, street, office bldg., etc.		lown)	(Coun	ity)	(State)				
3,30 p.m.	4/10/59 19 While	le Not while Work Wo	-		ereBeacl	h.A.A.	Md.					
	hot I took charge of the	remains described above	re, held an Autops		pection T			nd in my				
apinion death	resulted from: Natural	couses ET. Accident F	7. Suicide 🛣.	Homicide [	T. Undete	rmined m	The same of the sa	,				
	1		J. 00.0.00 (24)			rancu m	oune []					
ACTUAL	Justave XFO	l. Asil.	CHIEF MEDICALE	X AMINER			DATE :	SIGNED				
SIGNATURE	20000	Carette and	_M D.  ASSISTANT MEDIC		7							
EXAMINER'S	Instant V Park	mt M D	DEPUTY MEDICAL		1/20/	50						
	Gustave H. Faube on,   226 date thereof	22c. NAME OF CEMETERY OR			4/10/	77	4.5	- :				
REMOVAL (Specify)	11/32/50			-	N (City, town,		(5101	.0)				
Burial 23. FUNERAL DIRECTOR	4/1)/39 7	Glen Have		4-len	Burni		TITLING.					
T.7	and Kirkley	Dr. Jan		D BY REGISTRA	A	strar's sign	4					
Phrii?	THE KILLY,	Glen Burnie,	Md. DATE			A.	/ beautife					

VS. A15ME 5M 2/57



	1		
			3
anding physician.	icate has been signed by the attending physician and campletely filled in by present director,	he burial-transit permit. Then pleam manave carbon papers. Pages 1 and 2 should be filed with	
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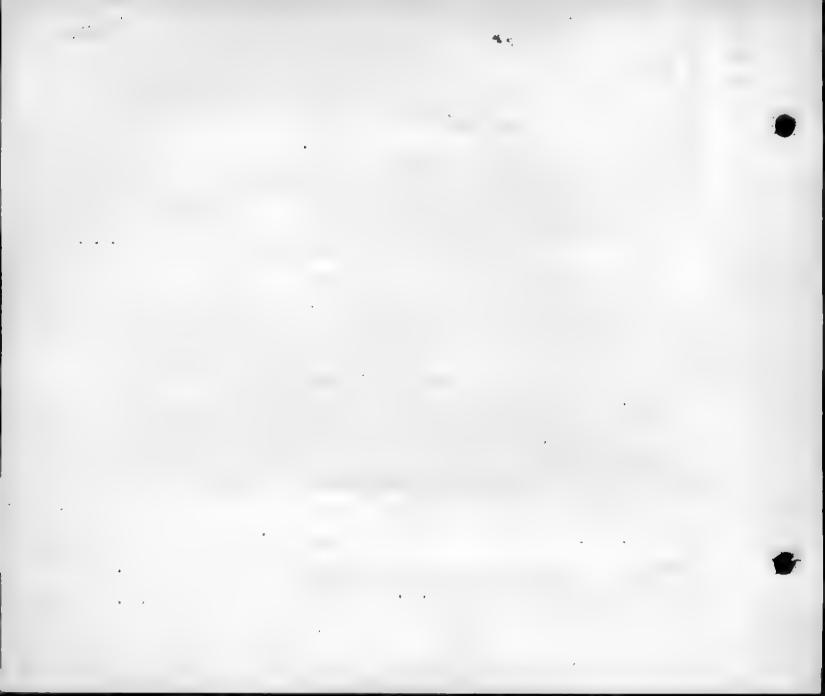
3/

may be retained the haspital or atte TO FUNERAL DIFF. OR: After this certific page 3 should be detached far use as the registrar priar to buriol, crematian,

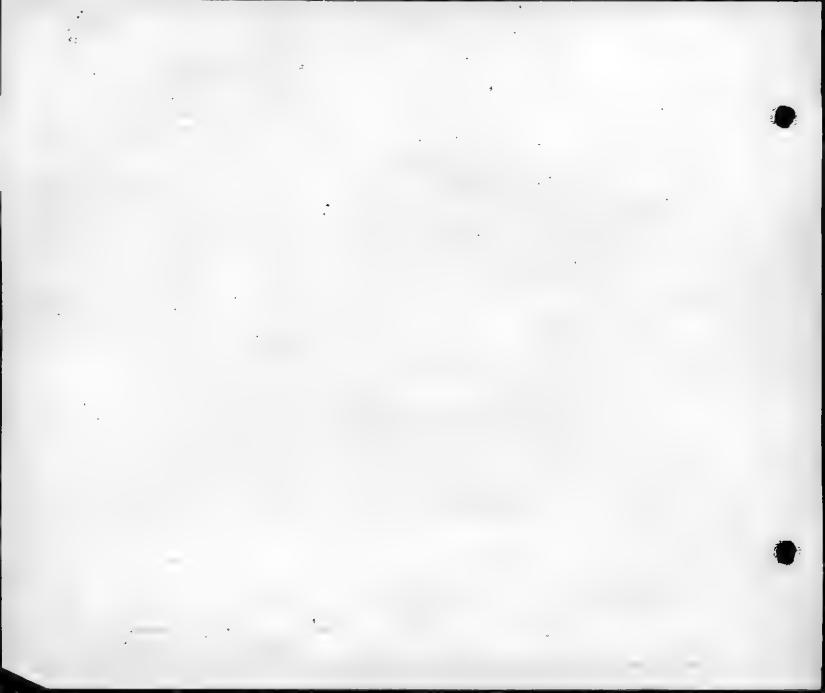
VS A15 [4] 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3914 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

		3	391	4	CE	RTIFIC	CA	TE OF D	DEATH	1		Re	g, Dist		902	
o. COUNT	DEATH IY APUY	ıdel				MARYLAN	D	2 USUAL RESI	_	era decease	d lived. If institute b. COUNT	Υ	esidence			ion)
	R TOWN (II	f autside corpore	ste limits	, write	c. LENGTH O	F STAY IN 1	ь	c CITY OR	TOWN (If o	utside corpo	rote limits, write	RURA	ond gr	ive Regi	est town	)
Cro	wnsvil	le				21days		Baltin	more			e e				
d NAME OR INS	OF HOSPIT	AL (If not in hos	pitol, gi	ve street (	oddress)			d. STREET A	ADDRESS						IS RES	EARM?
Cro	msvi]	le Stat	e Ho	ospit	al			549	W. Bid	dle S	treet					NO 📭
3. NAME OF DECEASED	1		First	1		Middle		las	it	4. DATE	M	onth		Day	, 1	Yeor
(Type or p			Mai	гу		Lee		Ta	ylor	DEATH		4		7	1	<sub>19</sub> 59
5. SEX		6. COLOR OR	RACE	7. MARR	IED 🔟 NEVER	MARRIED [	]	L DATE OF BIRTI	Н		9. AGE (In year last birthday)	3 IF L				R 24 HR5
Female		Negro		WIDOWE		VORCED 🗌	1	4/6/9			66 yr		onths I	Doys	Hours	Min.
100. USUAL (	OCCUPATIO	N (Give kind of ing life, even if	work d	one 10b.	KIND OF BUSI	NESS OR IN	DUS	TRY 11 BIRTHPL	ACE (Stote	or foreign c	ountry)		12. CITI	ZEN OF	WHAT	COUNTRY
House	ework	gc, c	iernegj	"				Sou	th Car	rolina	L		Ų	J.S.	A.	
13. FATHER'S	NAME							14. MOTHER'S	MAIDEN N	AME						
Geo	orge V	rashingt	on					Sal.	ly Gai	rrat						
	E ASED EVER	IN U. S ARME	D FORC		SOCIAL SECUR	ITY NO. 17	7 IN	FORMANT			Ad	ldress				
Unknor	MIL.	is yes, give wor or o	Chem Ot 144	2	213-18-	3509		Hospita	l Reco	ords						
IB. CAU	ISE OF DEA	TH [Enter only	one cou	se per lin	e for (o), (b), c	and (c) ]								INTE	RVAL BE	TWEEN
		TH WAS CAUSE	D BY:		rebral	_	na.	ge						ONSE	TAND	DEATH
	2 14		UE TO							·					-	
Condi	tions, if or	_		A 101	ari nga	arogi	g	and Hyp	ertens	rion						
gove	rise to in	nmediote (	(b). UE TO	494 3	JELLOUG.	LUIUDI		Cd. 147 p	OI VOII	72011				-		
	a), stating t ovse lost.	the under-														
		ER SIGNIFICAN	(c). T COND	ITIONS C	ONTRIBUTING	TO DEATH E	BLIT N	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION G	IVENII	N PART	1(0) 19	W/AS /	AUTOPSY
¥ 17\$.	_													1107	PERFO	RMED?
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OR CON	TRIBUTING	CAUSE OF D	EATH				-	. (Enter notore o		011101101	i ii oi iieiii ig j					
	OF INJURY		, Year	20-4 11-	JURY OCCURR	ED 20e.	DIA	CE OF INJURY (	Mana fam	Took (et)			1.0			
Ho Ho	ur o.m.		19	While	Not while	-	foct	ory, street, office	bldg , etc.	) {	or town)		(Ce	ounty)		(Stote)
*	p. m.	77	17	of work	ot work	(3/			4	///		_				
21. I c	ertify the	attende	the i		d from L	/16		, <sub>1</sub> 558	- 10 4/	<u> </u>	19_2	<u>Z.</u> ,ih	at I k	ast sav	w the	deceased
alive o	ın#/	1	3-1-1-	, 195	-/_/, and	that dec	ath (	accurred at	5:55	M, fran	n the causes	and	an the	e dati	e state	d abave
	24		717	1.	11/01	6				ADDRESS (SI	reet, city or town	ı, stote	)		DA	TE SIGNED
SIGNATU	oly of	4/11/	110	my	11/4/	<u> </u>	M	D. Crown	sville	Stat	e Hospi	tal	, Md.	<b>,</b>	4/7	7/59
PHYSICIA	AN'S	110001	Mau.	1 1	Mann	EF IV										
NAME (T		Lionel	MCI	enry	quapp,	M. D.		Crown	aville	a Stat	e Hospi	tal	, Md.		4/7	1/59
220 BURIAL	CREMATION	N, 226 DATE T	<b>7</b> .	2000	22c NAME O	F CEMETERY	r OR	CREMATORY		22d. LOCAT	ION (City town.	or ca	unty)		(Stote	1/-
Bus	account .		19,1.	954		2/0	181	r 1/		2	2/10.			4-	401	
23. FUNERAL	DIRECTOR'S	SIGNATURE			ADDRESS	11	1	10 00		BY REGIST		ISTRA	r's sign	MATURE		
17200	~~~	= Kelling	226	al marke	5786	12	bort.	C \ 7	DATALIS	1 3 '59	, un	veni	4. /	Manrie.		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 13 & 14, Film G241 4/16/59 fcXTH Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Desidence before admission) p. COUNTY b. COUNTY MARTLANT b CITY BRYOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 Autside corporate | mits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF (U.fot in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 63 24 YES NO M oud 4. DATE NAME OF uddle Month Year Filled OF DEATH (Type or print) 19.59 7. MARRIED NEVER MARRIED 9. AGE (In years lost britings) IF UNDER 3 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE completely Months Hours Days DIVORCED | WIDOWED | papers. CCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? ma most of Aorking life, even if retired) and ofter 13. ATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Rachel Harrison Thomas remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address attending pleose INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED/TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 200. ACC DENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, office bldg., etc.) Haur o.m. While Not while at work at work p. m. 21. I certify that I attended the deceased from that I last saw the deceased alive on ond that death occurred of .M, from the causes and on the date stated above. may be retoined was property of FUNERAL DIRECTOR DATE SIGNED ACTUAL SIGNATURE ĕ shauld PHYSICIAN'S NAME (Type) BURIAL CREMATION. 22b. DATE THEREOF TOCATION (City, town, or county) 22c MAME OF CEMETERY CREMATIORY pode 0 REGISTRAR'S SIGNATURE INERAL DIRECTOR'S SIGNATURE ADDRESS VS A15 (4) 1SM 9/S8



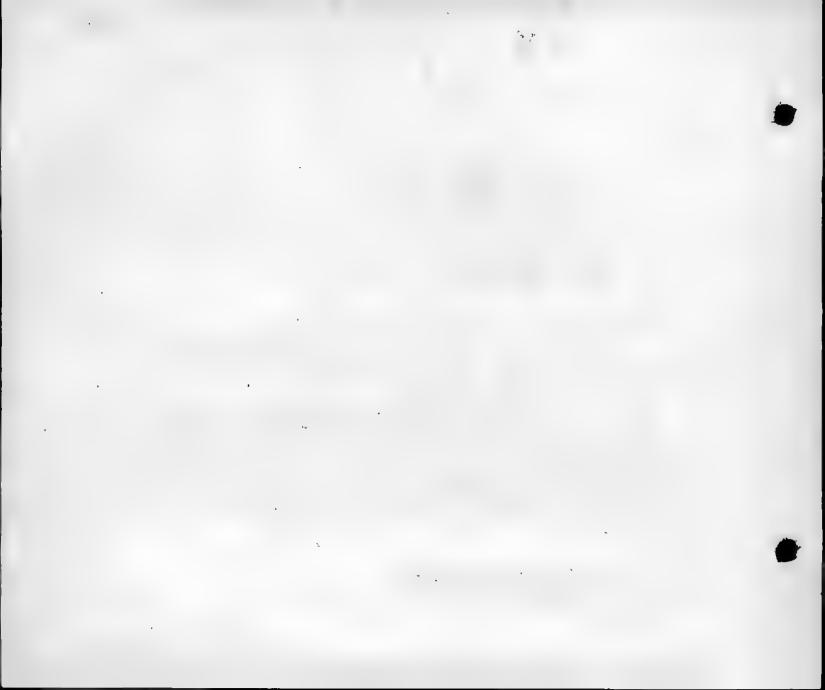


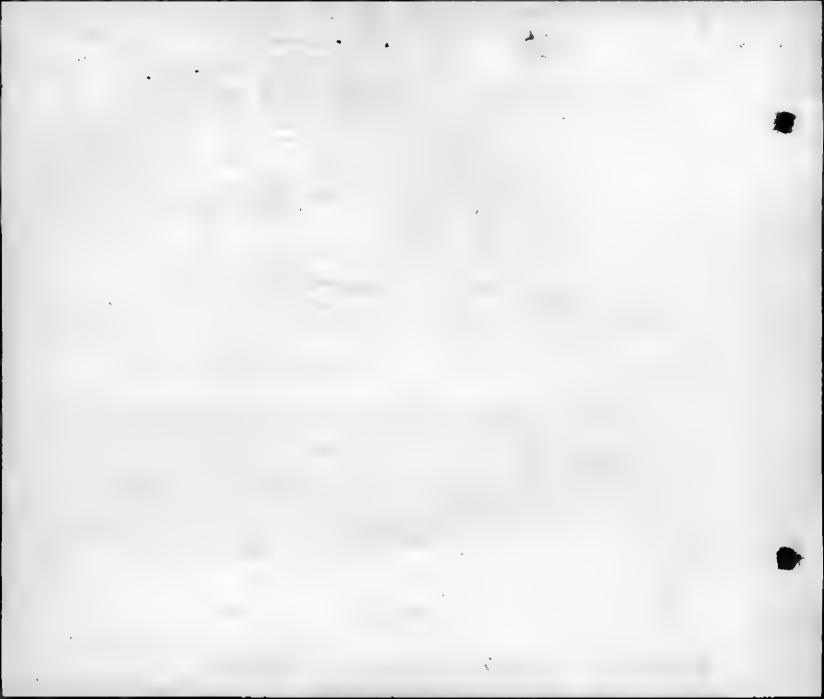
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

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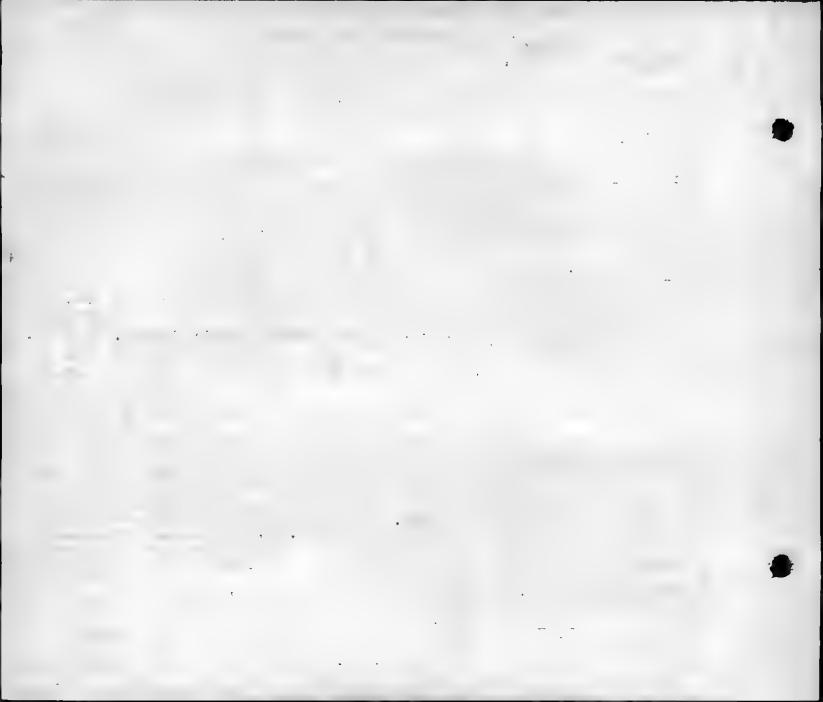


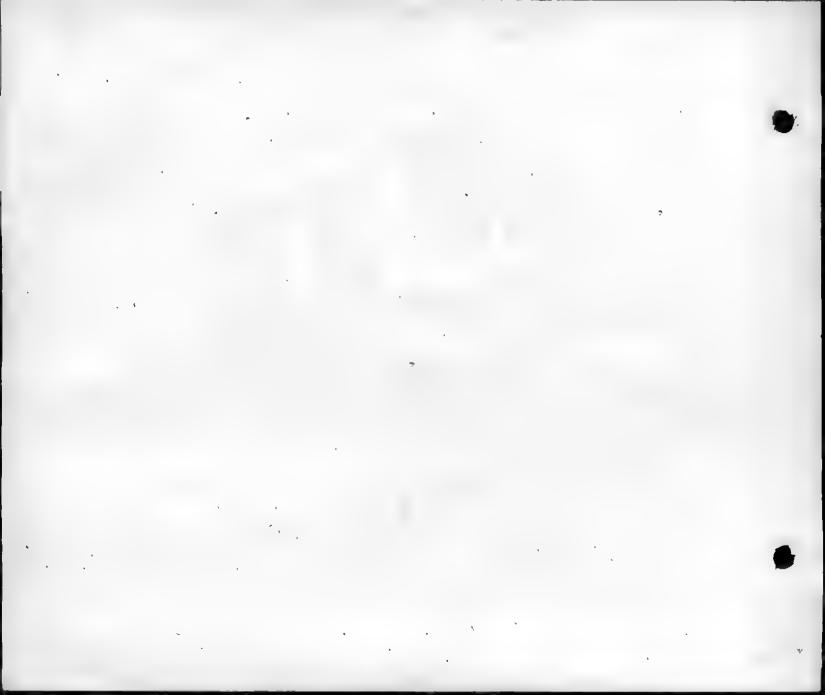
1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
86	Reg. D	13906 ist. No.
filed will	1. PLACE OF DEATH  a COUNTY  ANNE ARUNDEL  MARYLAND  2. USUAL RESIDENCE (Where deceased lived if institution: Residence of STATE MARYLAND b. COUNTY A.	A, Co.
thank be	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  MILLER SYILLE 3 MUNTHS X MILLER SYILLE	give nearest lown)
d 2 sha	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION SANN'S NURSING HOME RT. #1 BOX 361B	e IS RESIDENCE ON A FARM? YES NO
filled in jes 1 on	3 NAME OF DECEASED (Type or print) EDITH Middle WAGNER OF DEATH APRIL	Day Yeor 3 1959
mpleie with	FEMALE WHITE WIDOWED DIVORCED JULY 4, 1888 TO YES Months	PAR IF UNDER 24 HRS Days Hours Min.
os de con	HOUSEWIFE MARYLAND	7. 2. A.
cate be sician a re carb irs after	THOMAS QUEN HARDY	
ing phy e rema 72 hou	15. WAS DECEASED EVER IN U. S. MAED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address  (YELD NO. or unknown) 11 year, gave with or doles of service)  ADD SERVICE MICE.	LERSVILLE
a attend en plea et withir	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) College of the for (c). (b) and (c).	INTERVAL BETWEEN ONSET AND DEATH
s that in d by the nit. The iny ever	Conditions, if any, which) the Massim he marshage (Uterine)	
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ne law I physici has bee rial-tra moval, a	PAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMED?
thending lificate if the bu	20a. ACCIDENT WAS INDERLYING ON CONTRIBUTING ACAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I go fort II) of them 1B.)	7-
tal or a this cer remation	20c. TIME OF UNJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 White of work	County) (Slole)
e haspil E. Affer iched fo uriol, a	21. I sentity that battended the deceased from 1997, and that death occurred at 700 M, from the causes and on the causes are considered to the causes and on the causes are causes and on the causes are causes are causes and on the causes are causes and on the causes are causes and on the causes are causes are causes and on the causes are caused to the caused	last saw the deceased
ned of be determined by the de	ACTUAL SIGNATURE TO SELECTION OF TOWN, state)	4.3-59
retoi RAL I shaul	PHYSICIAN'S DR. SOSEPH LIPSKEY NAME (Type) COENTON MARYLAND	
moy be poge 3 the regi	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BEMOVAE (Specify) 4-6-57 Low Chem Parks Confrontion or county)	(Stote)
VS A1S (4) S 15M 10/57	23 JUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	
	Ball W	





Items 0 &, 9, Film G241, 4/17/09 ICY	00000
Item 18 Film 241 4-17-59 and CERTIFICATE OF DEATH	eg. Dist. No.
1. PLACE OF DEATH o. COUNTY AT MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution: If o. COUNTY AT	rundel
b. CITY OR TOWN (If outside corporate limits, write purely mile composed limits, write	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) Senn's hursing Home  d. STREET ADDRESS	#. IS RESIDENCE ON A FARM? YES NO
2 5 5 1 1 NAME OF DECEASED (Type or print) TURNER ROBERT WATSON 4. DATE Month OF April 8.	, Doy Yeor 1959
Male White White Man Total 1980 lost birthdoy) Mo	UNDER LYEAR IF UNDER 24 HRS. Ionihs Days Hours Min.
during most of working life, even if retired   Tahanan   Millenswills Md	12. CITIZEN OF WHAT COUNTRY?
D SAS MOIDEN HAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address none Mrs Delma Upton-Daughter- I	Pasadena, Md
Truman A. Watson  Truman A. Watson  15. Was Deceased ever in u. s. Armed Forces? 16. Social security no none  17. Informant Address none  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Hypertensive vascular Arteriosclerosis diseases to immediate course (o), stoling the underlying course lost.  (b)  Frequency of right hip  DUE TO  (c)	interval Between onset and Death months.
Conditions, if any, which gave rise to immediate couse (a), stoling the under-lying couse lost.  Conditions, if any, which gave rise to immediate couse (a), stoling the under-lying couse lost.  Conditions, if any, which gave rise to immediate (b).  Fracture of right hip (b).  DUE TO	3 months
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II  20a. ACCIDENT WAS UNDERLYING TO DEATH  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)  CONTRIBUTING TO CAUSE OF DEATH  CONTRIBUTIONS  CON	IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OF DEATH OF CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of work of work.	(County) (State)
21. I certify that I attended the deceased from 20th March 19.59, to 4/8/59 19 14 adive on 4/8/59 19 19 19 19 19 19 19 19 19 19 19 19 19	an the date stated above.
PHYSICIAN'S Gustave H. Faubert MD Glen Burnie, Maryland	d.
276. Burial Cremation. 27b. Date Thereof Baldwin Mamorial Millersville,	
ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR	AR'S SIGNATURE





1 1	)			MAI	RYLAN	D STA	TE DEPAR	RTME	NT OF HE	ALTH	-BAL	IMORE,	18		
<b>*</b>				43	920		CERTIF	ICA	TE OF DE	ATH	ł		Reg. D	(139) Dist. No.	L()
il director.		o. CO	of DEATH INTY INE Aru				MARYL		2 USUAL RESIDEN o. STATE Maryle	ınd		Balt	imore	City	
iffee death.		RUR C1	At ond give no OWNSVI				NGTH OF STAY II	N 16	Baltin	ore	utside corpor	ote limits, write	RURAL ond	sufin	
10 75	14			lle Stat	e Hosi	ital	s) 		d. STREET ADD 2725 I		r Stre	et		0	RESIDENCE N A FARM? NO 1
ithin 24 hai ity filled in Pages 1 an			OF SED or print)		First Evar		Middle		Vill:	ams	4. DATE OF DEATH	, Mo	nth 4	17	Yeor 19 59
with Parely		5. SEX		Negro	WIDO	OWED 🔼	NEVER MARRIED DIVORCED		1880			9. AGE (In years last birthday) 78 yrs	Months	Doys Ho	
e executed and cample oan papers ir death.			AL OCCUPATION OF WORLD TO THE CONTROL OF THE CONTRO	ON (Give kind of viking life, even if re	vork done 1 tired)	Ob. KIND	OF BUSINESS OR	INDUST	RY 11 BIRTHPLACE	(Stote	or foreign co B.	untry]	12. C	U.S.	HAT COUNTRY
수 공항공사		13. FATHE	R'S NAME	William	8				14. MOTHER'S MA	_			<u> </u>		
ing physician e remove cor		15. WAS IYek no or Unkr	DECEASED EVE	R IN U. S. ARMED	FORCES?		L SECURITY NO. 05-7870		FORMANT Tospital	Reco	rds	Ad	dress		
requires that the death certificate on.  I signed by the attending physicial sit permit. Then please remove count in any event within 72 mours of the control of the contro		18.		ATH [Enter only on the WAS CAUSED IMMEDIATE CAU	8Y: • 7	1	(a), (b), and (c).]	2/2	eass is					ONSET A	BETWEEN NO DEATH
requires the ian. In signed by nsit permit, and in any e		gov	ditions, if o e rise to i e (o), stating g couse lost,	mmediate	(b) IE 10	1 21 m	sele sele	203	Signed so			ated E	ysteri	2 6	Yous
physicia physicia las beer ial-tran naval, a	0	CATION				S CONTRI	BUTING TO DEAT	H BUT M	OT RELATED TO TH	E TERMII	NAL DISEASE	CONDITION G	VEN IN PA	PE	AS AUTOPSY REORMED?
SICIAN: Ti ottending ertificate b as the bur on, ar ren		20g. OR C	ACCIDENT WA ONTRIBUTING THER, NOTIFY	S UNDERLYING [ CAUSE OF DE MEDICAL EXAMIN	ATH (ER)	DESCRIBE H	HOW INJURY OC	CURRED.	(Enter noture of in	jury in P	ort I or Port	II of item 18.)			
PHYSIC al or at this cert r use as ematian		7) 20c. 1	IME OF INJUR Hour a.m. p. m.	Y Month, Day,	Wh		lot while	focto	CE OF INJURY (Honory, street, office bloom	ie, form, ig., etc.	20f. (City	or town)		(County)	(Slote)
ENDING he hospit R: After tached far burial, cr			certify the	at 1 attended	the dece	ased fro	om3/23 _, and that a	death	, 19_59, 1 accurred at 2	32 <b>P</b>	4/17 *M, from	the causes	2,that I	last saw the	he deceased
Re de la liar la		ACTU	AL ATOME	Me	leel	In		м			ADDRESS (Sir	eet, city or town	, state)		4/17/59
TAL Ose retaine ERAL DI 3 should gistrar pr	/	MAM	CIAN'S E (Type)	L. Bened		M. D.			Crown	evil	le Sta	ate Hosp	ital,	Md.	4/17/59
may by O FUNE poge 3		Su	AL, CREMATIO DVAL"(Specify)	4/2	EREOF /	9	MAME OF COMET	ERY, OR	CREMATORY		22d. LOCAT	ON (City, lown,	une	, m	Slote
VS A15 (4) 15M 10/57	e'i	flot	land	S SIGNATURE	Chin	163	DORESS	ells	~?		BY REGISTS 2 0 159		istrar's s Ilma <u>L</u>		



### FOR STATE HEALTH DEPT. or. Poge our files. of Health,

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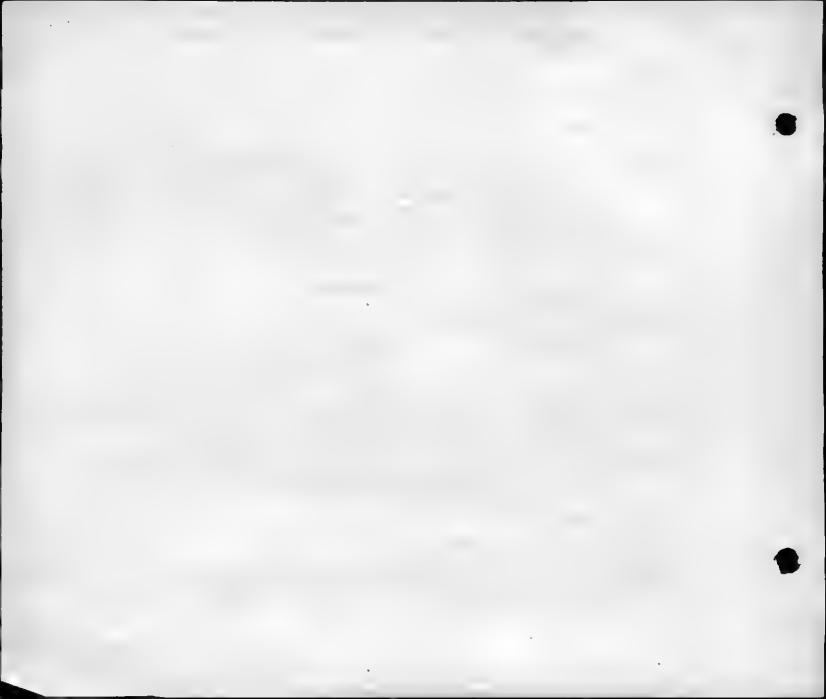
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3927 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03911

		Re	eg, Dist. No.
1. PLACE OF DEATH 6. COUNTY MINE A RUNDEL	A STATE	DENCE (Where deceased lived. If institution:	Residence before admission)
	OF STAY IN 16 C. CITY OR		MERY. AL and give hearest town)
LAUREI 4-	hes. SILV	FR-SPRINA.	1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give st	reet address) d STREET A	DDRESS	e. IS RESIDENCE
LAREL-RACE-TRACK	9/3-	NEWHALL-STRE	YES NO IN
3. NAME OF DECEASED (Type or print) RAY MAN WAR C HA	Middle Lost RLEB-WINC	OF DEATH TELEBORE	10-3- 1950
5. SEX 6. COLOR OR RACE 7. MARRIED W NEWS	MARKIED B. DATE OF BIRTH	9. AGE (to years IFU foil birthday) Mai	NDER LYEAR IF UNDER 24 HAS
	DINGREED   3/20	1/6 14 8 yrs.	
100. USUAL OCCUPATION (G'va kind of work done 10b. KIND OF BUS during most of working life, even Pretired)	THESS ON INDUSTRY FIT BINTHPEA	Ct (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14 MOTHER SA	MAIDEN NAME	1
Maymond Windheta	er ba Ui	ret fellig	Kew
15. WAS OF CEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC (19 to 190 or phinown) [If yes, gory wor ar detex of service)	- 1262 Caedentia	les benefore decla	red
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), (	43 1	£	TINTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CORON	ARY-OCCLU	1510N	SLADEN
260 X DUE TO P.	1		
Cenditions, if any, which) (b) DIEBA	ETES.		>
gove rise to immediate couse (b), stating the underlying DUE TO			
couse tost. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 10
200. EXTERNAL CAUSE WAS PRIMARY Of CONTRIBUTING CAUSE OF DEATH.	RY OCCURRED (Enter noture of inju	ury in Fort I or Fort II of item 18.)	
	URRED 20e. PLACE OF INJURY (H	ome, form, i 20f. (City or town)	(County) (State)
Heur o. m. p. m. 19 of work 1 of we	while factory, street, office I	oldg., etc.)	1
21. 1 certify that I took charge of the remains d	escribed above, held an	Autopsy . Inspection . Ir	nquiry N, and in my
opinion death resulted from: Notural causes	Accident , Suicide	, Homicide , Undetermin	ned monner
SIGNATURE KIESLAVE The Parcher	M.D. CHIEF ME	EDICAL EXAMINER	DATE SIGNED
- I CVALINIANIA /	4 1	IT MEDICAL EXAMINER []	1-
HAME (Type) DUSTA VE-H TAU	BERT. M.D. DEPUTY A	AFDICAL EXAMINER D	759
REMOVAL (Specify)	of CEMETERY OR CREMATORY Lincoln	Bladensburg, in	**
23. FUNERAL DIRECTOR'S SIGNATURE ADDRE		240 REC'D BY REGISTRAR 246. REGISTRAR	
Lee Funeral Home - Washin			a 2 thous
The state of the s			

VS. A15ME 5M 2/57

ON



#### FOR STATE HEALTH DEPT.

ory, please or, Poge our files.

TO DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the cell.

A should be farmeded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 10 FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State BG or its designated agent, prior to burial, crifications.

VS. A15ME BM 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3922 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03912 Reg. Dist. No.

	PLACE OF DEATH  O. COUNTY  Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. CONTINUE									
	b. CITY OR TOWN (If authide corporate limits, write RURAQ6 and give nearest town)	c. LENGTH OF STAY IN 16	1 2 2	f outside corporate limits, write	a RURAL and give	nearest town)						
	Greenland Beach, Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	3 years	/ STREET ADDRESS	13		T is accounted						
	8044 Fort Smallwood Rd.	prior, give sireer oddress)	Same			e. IS RESIDENCE ON A FARM? YES NO						
	NAME OF DECEASED (Type or print) Bing Fook Wong	Middle	tasi	4. DATE Mon OF DEATH ADTIL	7th.	Yeor 19 <b>59</b>						
5.	SEX 6. COLOR OR RACE 7. MARRI	ED   NEVER MARRIED   B.	DATE OF BIRTH	9. AGE (In years lost birthday)	1	IF UNDER 24 HRS.						
	Male Chinese WIDOWE	D ? DIVORCED	?	60 yrs.	Months Days	Hours Min.						
	D. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Cook  FATHER'S NAME	estaurant	China		12. CITIZEN O	F WHAT COUNTRY?						
1.5.	?		14. MOTHER'S MAIDEN N	NAME								
15 [Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. A pg. er unknown] [(17 yez, give war er deltes af service) No records 2	1 . 1 1 .	ichard Wong	andLouis See I		nese)						
	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  4.20.1  DUE TO	for (o), (b), and (c).]	n		ONS	RYAL BETWEEN LET AND DEATH Sudden						
	Conditions, if ony, which gave rise to immediate couse (a), staling the underlying couse last.	******	a da a mang da da mang									
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  YES NO IN											
	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUT											
MEDICAL	Hour o, m. White		CE OF INJURY (Home, form my, street, office bldg., etc.	20f. (City or tawn)	(County)	(State)						
	21. I certify that I took charge of the rapinion death resulted from: Natural of ACTUAL Land N. T.	causes Accident	, Suicide , I	Homicide . Undet	, Inquiry 🗷 ermined manne							
	SIGNATURE	with M	M.D. CHIEF MEDICAL EX	_		DATE SIGNED						
	NAME (Type) Gustave H. Fauber	t,M.D.	DEPUTY MEDICAL I	EXAMINER A 4/7/	59							
	P. BURHAL, CREMATION 1726. DATE THEREOF REMOVAL (Specify)  PUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CHAFTERY OR ADDRESS	me!	220. LOCATION (City, fown, Off Club BY REGISTRAR 246. REGI	or county)  STRAR'S SIGNATURE	relia 6						
序	sewemmonne (o	108Wyork	BULLO DATEAP	R 9' '59 a	The S. House	<b>/</b>						

SIUSII HTMSE NO STADING AND PROPERTY AND MADE IN THE COLOR THE HYLLS de la S LOUIS THE STATE OF THE PARTY. PARTY TO SERVE THE PROPERTY OF THE PARTY OF RI BO With Lake to the (all efficie) the Make eight him you brade fill a<sup>ter</sup> and the latest special party of the THE PERSON OF PRINCIPLE . .

# HEALTH DEPT

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3923 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(13913 Reg. Dist. No.

	PLACE OF DEATH  o. COUNTY  Anno Arundel MARYLAND	2. USUAL RESIDENCE (		d lived. If institu		ence bef	ore admission!				
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Millersville  c. LENGTH OF STAY IN 1b  one month										
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Jumper's Hole Rd.	Same  e. IS PESIDIO ON A FA									
3	NAME OF First Middle OFCEASED (Type or print) Samuel Albert Wroy	Lost	4. DATE OF DEATH	April	lst.	Day	Year 19 59				
1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.  WIDOWED DIVORCED	8/14/25	9	last lairthday)	Months	Days	IF UNDER 24 HRS. Hours Min.				
	Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Used cars salesman.  Martin Broso  3. FATHER'S NAME	Philade I	phia,Pa			USA	F WHAT COUNTRY				
-	A 1fred Wroy  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	Betty How FORMANT Mrs. Betty F	rard	Address 1 (mothe	-	-					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioscleratic Val  A A X  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the underlying (a), stating the underlying Cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT No			CONDITION GIV	ven in Par	ONSE	val estwesh tand death value for 15 y.				
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY OF A CONTRIBUTING OF CAUSE OF DEATH.  200. TIME OF INJURY Month, Day, Year And White Not white of work of	nter nature of injury in Pa E OF INJURY (Home, for iry, street, office bldg., et	m.   20f. (City o		(Co	ounty)	PERFORMED2 VES NO (Stote)				
	21. I certify that I taak charge of the remains described above opinion death resulted from: Natural causes , Accident ACTUAL SIGNATURE Licetave AFacherd.  EXAMINER'S NAME (Type) Gustave H. Faubert, M.D.		Homicide    EXAMINER   CAL EXAMINER		ermined						
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) 22c. NAME OF CEMETERY (Specify) 22c. NAME		G/E		or county)  Or / / / STRAIT'S SIE						

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the central present withing the word "pending" in pending in Item 18. Give Pages 1, 2, and 3 to the funeral library Page 4 should be 1/4, and 10 the funeral library Page 5 may be retained in Jour files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, priar to burial, cremation, an remayol, and in any event withing 2 hears after death. VS. A15ME 5M 2/57

